

**UNIVERSITY OF GONDAR**  
**INSTITUTE OF PUBLIC HEALTH**  
**COLLEGE OF MEDICINE AND HEALTH SCIENCE**

**Condom utilization and associated factors among female sex workers in Gondar town, Northwest Ethiopia 2014**

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A THESIS SUBMITTED TO THE INSTITUTE OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES, UNIVERSITY OF GONDAR IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER IN PUBLIC HEALTH

June, 2014

Gondar, Ethiopia

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## Acknowledgements

First for most, I would like to express my deepest gratitude to my advisors Mr. Gizachew Assefa and Mr. Getahun Kebede for their unreserved support, concrete and expert advice, suggestions and assistance in all aspects of this research work. Without their advice this thesis could not have been completed.

I would also want to thank Gondar University institute of public Health for giving me this chance to develop my carrier.

In addition I am grateful to forward my appreciation to Gondar town administrator, Health office, women, children, youth and social affairs office staff for their collaboration in creating conducive environment during my study. And I would also like to thank all the study subjects, data collectors and supervisors for their active participation in the data collection processes.

Last but not least, I thank you my families and friends who helped and encouraged me during this thesis work.

## Acronyms

AIDS.....	Acquired Immunodeficiency Syndrome
ARHB.....	Amhara Regional Health Bureau
BCC .....	Behavioral Change Communication
CCU.....	Consistent Condom Use
EDHS.....	Ethiopian Demographic and Health survey
FHAPCO.....	Federal HIV/AIDS Prevention and Coordination Office
FMOH.....	Federal Ministry Of Health
FSW .....	Female Sex Worker
MARPS.....	Most At Risk Populations
ORDA.....	Organization for Rehabilitation and Development in Amhara
SCI.....	Save the Children International
PI .....	Principal Investigator
STI.....	Sexual Transmitted Infection
WCYSAO .....	Women Children Youth and Social Affairs Office
WHO .....	World Health Organization

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## Abstract

**Introduction:** Sexual transmitted infections are the most important public health problem and widespread in the world. Especially the most at risk population groups were exercising unsafe sex, particularly female sex workers, in which the prevalence of HIV/ADIS is higher than the general population due to multiple sexual partner and inconsistent condom use.

**Objective:** To determine condom utilization and associated factors among female sex workers in Gondar town, Northwest Ethiopia 2014.

**Methods:** Cross-sectional quantitative study triangulated with qualitative method was conducted on 488 female sex workers for quantitative part and 10 female sex workers for qualitative data. Stratified sampling technique was undertaken in licensed and non licensed establishment. Pre-tested and structured questionnaire were used to generate **quantitative data** through interview technique of data collection. Open ended and semi structured in-depth interview were prepared for **qualitative data**. The collected data were entered into Epi info version 3.5.3 and exported to SPSS version 20.0 software package for analysis. Binary and multivariate logistic regression analyses were done to determine the association between condom utilization and associated factors.

**Result:** This study revealed that 47.7 % of the respondent used condom with any type of client. Secondary or above education [AOR:3.7,95%CI(1.70,8.25)], HIV/AIDS and STI transmission and prevention method knowledge[AOR:1.9, 95CI%(1.04,3.33)], perceiving themselves at risk of HIV/AIDS infection [AOR: 5.9, 95%CI (3.18, 10.51)], awareness of STI will increase HIV infection [AOR: 3.11, 95CI %(1.62,5.94], participated in any HIV/ADIS prevention program [AOR: 13.3,95%CI (7.33, 24.10)], tested HIV/ADIS in the last 12 months [AOR: 3.4 95%CI (1.51, 7.78)], lower number of clients in a month [AOR:2.48,95%CI (1.42,4.24)] and higher payment for one night sex [AOR:2.1,95%CI (1.57,3.72)] were factors affecting condom utilization.

**Conclusion and recommendation:** This finding depicted female sex workers condom utilization was low and this puts them at high risk of HIV infection. Primary and secondary or above education , knowledge about HIV and STI prevention and transmission methods, Perciving themselves at risk of HIV infection, awareness of STI will increase HIV infection, participating in any HIV prevention program , testing of HIV in the last 12 months, number of client and higher payment for one night sex were positively associated with condom utilization. Thus, target oriented behavioral change and communication strategies have to be developed and implemented in the government health sector, HIV/ADIS prevention and control office and other.

(Key word: HIV/ADIS, STI, Female sex worker, condom utilization, client, factors and Gondar).



## 1. INTRODUCTION

### 1.1 Statement of the problem

Globally an estimated 35.3 million people were living with HIV with 2.3 million new infections. Moreover, about 69% of these populations live in sub-Saharan Africa. Striking gains have been made towards many of the 2015 targets and elimination commitments, although significant challenges remain(1, 2)

In addition, 92 percent of all pregnant women living with HIV and 90 percent of the world's children living with HIV live in this sub-Saharan region. Women are particularly affected, representing close to 58 per cent of those living with HIV in the sub-region. The majority 71 per cent—of all AIDS-related deaths worldwide in 2011 were recorded in Sub-Saharan Africa(2, 3)

Recent surveys in several countries in sub-Saharan Africa have detected a decrement in condom use and an increase in the number of sexual partners. Efforts to reduce transmission related to sex work and men who have sex with men remain insufficient, as evidenced by recent trends in prevalence among these groups(2).

According to the 2011 Ethiopia Demographic and Health Survey (EDHS), the total HIV prevalence in the country is 1.5 over 1.2 million people living with HIV. The country carries one of the largest HIV disease burdens in the world, with urban prevalence of 4.2 and rural 0.6 (0.8 for men and 0.5 for women). HIV prevalence also varies by region; for example, in Gambella region HIV prevalence is 6.5%, compared with 0.9% in the SNNP region(4, 5).

The Government of Ethiopia has identified populations who are most-at risk and/or highly vulnerable populations (MARPs) to HIV infection. A MARP is defined as a group within a community with an elevated risk for HIV, often because group members engage in some form of high-risk behaviour; in some cases the behaviours or HIV sero-status of their sex partner may place them at risk (6),27).

Within any HIV epidemic, sex workers have been one of the groups most vulnerable and at risk of HIV infection due to their multiple sexual partners spanning multiple sexual networks. High rates of other STIs and unsafe sexual practices further increase the probability of HIV transmission in sex workers. As a result of the risks

involved and their vulnerabilities, HIV prevalence among FSWs is often much higher than the general population. In addition, men who are both paying and non paying clients play a major role in bringing HIV infection into the general population (4,(7)).

The epidemic continues to have a profound effect on female, male and transgender sex workers. Globally, female sex workers are 13.5 times more likely to be living with HIV than other women. 37% of FSWs in Amhara by 2008 found HIV positive (4,6).

Sex workers face stigma and discrimination in different forms. It is also very common for female sex workers (FSWs) to face violence from a range of sources including clients, employers, community members, partners and other sex workers(5,6).

Sex workers are mostly young 71% are between the ages of 15–24 and 33% are adolescents between the ages of 15–19. Condom utilization among FSW have inconsistency in relation with their irregular, regular and boyfriend clients (4).

HIV preventive interventions targeted toward FSWs have typically focused on increasing FSWs' condom use with commercial clients, since the contribution of commercial sex partnerships of FSWs and clients to HIV epidemics is believed to be high in many settings(8).

Therefore, the study is vital to determine self reported condom utilization and associated factors in Gondar town Northwest Ethiopia which will be used to develop intervention strategies.

## 1.2 LITERATURE REVIEW

### Situations of HIV/AIDS

In the last three decades HIV has spread rapidly and affected all sectors of society young people and adults, men and women, and the rich and the poor. Sub-Saharan Africa is at the epicenter of the epidemic and continues to carry the full brunt of its health and socioeconomic impact. Ethiopia is among the countries most affected by the HIV epidemic (1). The problem becomes worse due to Emergence of new at-risk population groups (young girls engaged in transactional sex), and low coverage of interventions for MARPs (1,(9).

In countries in West Africa, substantial proportions of new infections (10–32%) were estimated to occur as a result of sex work; in Uganda, Swaziland and Zambia, 7–11% of new infections are thought to be attributable to sex workers, their clients and clients' regular partners. Median HIV prevalence among sex workers varies across the world, from 22% in Eastern and Southern Africa (eight countries) and 17% in Western and Central Africa (17 countries) to less than 5% in all other regions. A pooled HIV prevalence among female sex workers 36.9% in sub-Saharan Africa, 10.9% in Eastern Europe and 6.1% in Latin America (2 ).

The prevalence of HIV/AIDS is becoming decrease; however the prevalence of HIV is estimated to be very high among FSWs. Information about the commercial and non commercial partner of female sex workers in the context of HIV/AIDS and other sexually transmitted infection (STI) epidemiology is limited(4,(10).

### Utilization of Condom among female sex worker

Condom programming is an integral component of effective HIV prevention (1).When we use correctly and consistently condoms are effective in preventing HIV and other sexually transmitted infections (STI).Scientific evidence shows that male condom have 80% or greater protective effect against sexual transmitted infection of HIV and other STI(11).

In South Africa, modeling indicates that increases in condom use, which occurred at the same time that distribution of male condoms significantly increased, played a

primary role in the declines in national HIV incidence that occurred during 2000–2008. Condom and lubricant programming is an especially critical element of an evidence-based package to prevent HIV transmission especially for people involved in short-term sexual partnerships, serodiscordant couples, sex workers, men who have sex with men and other key populations including people who inject drugs and their sexual partners(12, 13).

Study in Northern border of cities in Mexico revealed that constant condom use among FSW with clients (43%) and those who did not was(57%)(14).

A study in Phnom Penh, Cambodia south Asia reported that over all consistent condom use was high for sex with native clients (98.8%), lower with foreign clients (86.9%) and non paying regular partners (26.5%).the study identifies participants who did not negotiate or did not know how to negotiate condom use were less likely to report condom use(15).

A study in Bangladesh showed that aver all consistent condom use rate during vaginal or anal sex with any client seven days prior to the interview was low 13.6% with new client13.3%with regular clients and 4.3% with regular non-commercial partners such as lovers and pimps.and condom use at last sex for all types of FSWs was 58.9%, which was again lowest among street based FSWs (41.4%)(16).

The utilization of condom in female sex worker reported in southern India in 2011 highest CCU with all clients (81.7%); CCU was lowest with FSWs' husband or cohabiting partner (9.6%)(17).Condom utilization among FSW in Andhra Pradesh study were 91 % with non regular, 87.7% with regular and 8.9% with non paying partner (18).

In Lima, Peru the finding was that condom utilization with any client it was 73% and with non regular 99%, regular 97% and boy friend/husband 12%(19).

In 2010 prevalence of consistent condom use with non-commercial regular and casual partners was 3.5% and 18.1%, respectively in China Sichuan Province, with overall prevalence of consistent condom use with FSWs 30.5%(20). A Cross-Sectional Study in Hubei Province, China 74.9% reported using condoms consistently with clients during vaginal intercourse in the last month and 91.2% in the last episode. Only a small proportion of the participants (18.7%) reported using condoms every time with noncommercial stable sexual partner(s)(21).

Research in Ghana showed that condom utilization in all groups were 49.6% and they reported that they would use 69% condom consistently if they have got access of condom(22).

A study in Pretoria, South Africa At 3-month assessment, no between-group differences were observed in condom use at last sex act with 39% of women in the Standard group and 43% of women in the Woman-Focused group reporting using condoms(23). In Ethiopia national study showed 88% condom use(24) and study in Adama city 2011, Thirty-eight percent of respondents reported inconsistent condom use with regular, non-paying partners, while only 0.3% reported inconsistent condom use with regular clients and 1% with non-regular clients (8).

### **Factors Affecting condom Utilization among female sex workers**

Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other STIs. Gender differences in patterns of HIV Infection among young people varies substantially around the world. Where heterosexual transmission of HIV dominates, often more young women are infected than young men (2,3,(25).

Young women are believed to be at higher risk of acquiring HIV and other STIs than men of the same age group. AIDS cases report of the Disease Prevention and Control Department of Ministry of Health showed that the number of females infected between 15 to 19 years is much higher than the number of males of the same age group. The

discrepancy may be attributable to earlier sexual activity among young females and the fact that they often have older partners (3, 4).

A study in Mexico revealed that the most common factor for condom utilization were access to condom, being able to buy condom, self efficacy, financial situation, place of birth, marital states, education and using drugs are factors which affects utilization(14).

A research in Phnom Penh, Cambodia south Asia condom utilization were influenced by level of negotiation,(attending school, being in sex work for more years, being street based, trading sex at unfamiliar location designed by clients, number of clients per week being high, average number of times having a drunk client, ever diagnosed with STI ,being HIV positive), provision of risk information, communication level, being regular(sweethearts), charging high rates for unprotected sex ,being new and economic pressure have influence on utilization(15).in addition qualitative study in Cambodia south Asian showed that economic necessity (client offering more),fear of or actual violence,FSW's drug or alcohol intoxication eroding behavioral intension or FSWs not having the skills to negotiate condom use are factors for not to use condom. In the other hand fearing of disease and pregnancy and constructing themselves promotes using condom (25).

A study in Bangladesh showed that condom utilization were affected by accessibility of condom, FSWs decision, client objection, having trusted partner, delay in ejaculation, negotiation which is affected by income, type of FSWs, knowledge about HIV/ADIS, participation in NGO, led behavioral change communication (BCC) program and risk perception for HIV/AIDS and volition are common factors for consistent condom use(16).

A study in Pradesh, in India: the most common reasons for improper utilization of condom were demographic and sex work experience being old and young. Consistent condom use is lower in older age whose age at 40 or older (41.7%) compared to young sex workers whose consistent condom use are 58%-77% among who entered sex at younger age. Beside this condom use was 77% among FSW who could read compared with 65% among those who could not major factor which affect condom utilization were age, education and program exposure(26).



The results of Study in Hubei Province, China showed that FSWs who possessed higher levels of perceived severity, perceived benefits, and lower levels of perceived barriers toward condom use were more likely to use condoms. Perceived severity of HIV had a positive effect on condom use, but the effect was indirect and weak (21).

A research in Andhra Pradesh showed higher client volume, knowledge of HIV/ADIS and STI prevention and STI increases shedding of HIV were factors for condom utilization (18).

In Lima, Peru the finding was that awareness of STI symptom, availability of RH service, alternative HIV testing and educating FSW about HIV/ADIS were factors of condom utilization (19 ).

A study in Ghana revealed that HIV knowledge, condom knowledge, marital status, number of days worked, age, education level, religion, cost by client & numbers of customers are significantly predictors of consistent condom use. Furthermore the reason why they were not using condom were client refusal, unable to negotiation, not using condom is a sign of trust, it reduces pleasure, and clients were not willing to use condom due to sign of trust(30%),condoms reduces pleasure(30%),condom burst (13%) ,condoms are not necessary because the FSW look healthy (19%), condom do not prevent disease(10%),men do not use (8%).and there were also an indication they perceived themselves to be venerable to STIs(at risk of HIV infection ) were more likely to use condom than were those who did not perceive at risk (22).

In South Africa study shows that greatest risk for HIV among South African women is heterosexual contact. This risk is especially heightened for poor women with low levels of education, limited job skills, and few employment options, often leaving sex work as the only option (23).

A national study in Ethiopia showed that alcohol use, age and education are factors to use or not to use condom (24).also a study in Adama city showed age, education, income and number of total partner ,alcohol abuse and work related violence are factors of consistent condom use (8).

The Key prevention strategies include testing (to enable individuals to be aware of their own and their partner's status), condom use and provision of antiretroviral therapy to the partner living with HIV, regardless of their CD4 count (2,3,6,7,10).

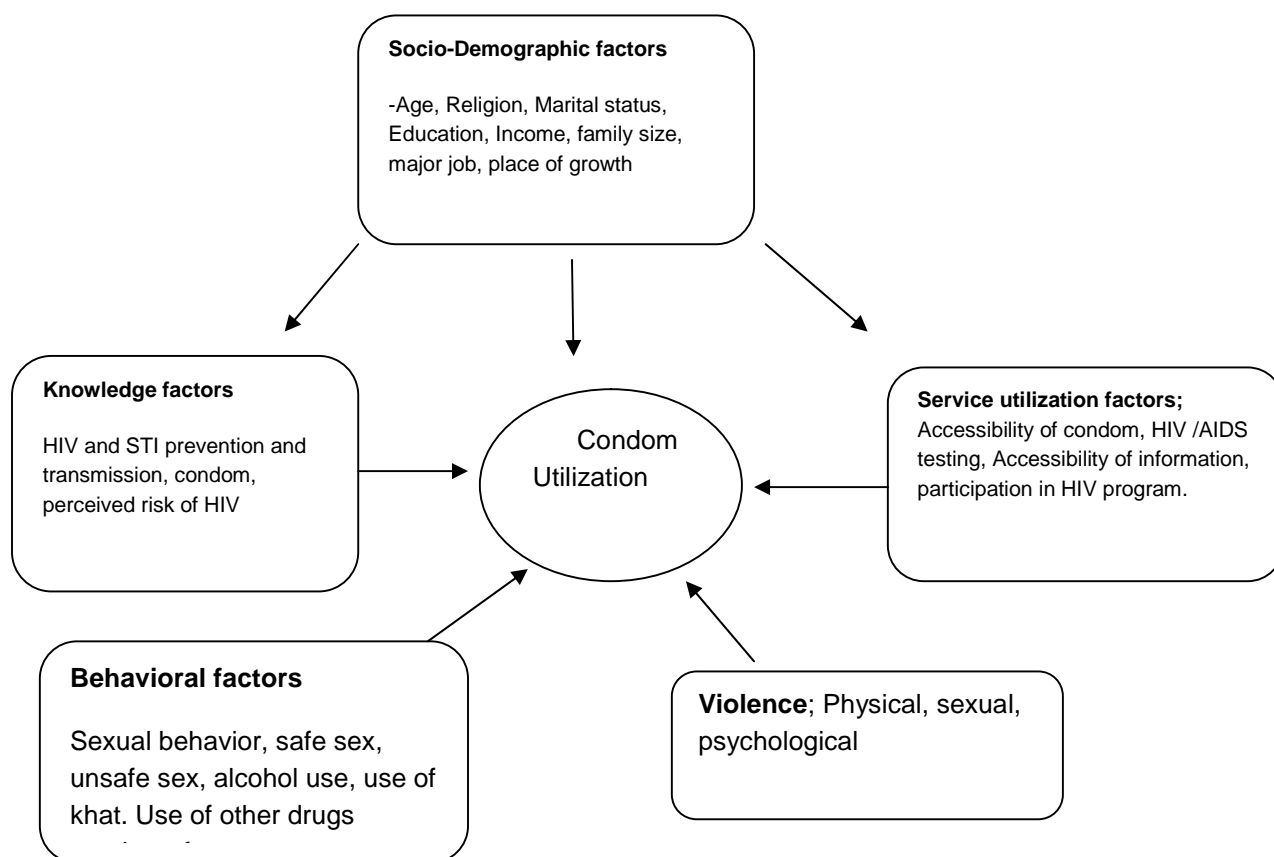


Figure1. Conceptual frame work of Utilization of condom among Female sex workers Gondar town North West Ethiopia.2014

### 1.3 Significance of the Study

Unprotected sex is the main causes for HIV infection in sub- Saharan Africa including Ethiopia in every age group. The associated behavioral factors stated are multiple sexual partners and not using the recommended responses such as condoms and environmental factors like peer pressure, increasing urbanization and the cultural factors like fear to buy condoms (24).

FSW, if they are not using condom, they will place them, their clients and the general population at risk of contracting HIV and other sexual transmitted infections. And FSW are core transmitters in the STI transmission dynamics.

Despite the fact that the government has implemented different programs to educate people regarding HIV/AIDS and different preventive methods, Ethiopia infection rate remains high especially among MARPS like female sex workers. One of the key methods of prevention is the use of condoms during all types of sexual intercourse.

As far as my knowledge is concerned there is limited study done in these area in Gondar town as well as in the country.

Therefore, determining condom utilization and associated factors among female sex workers would have strong relevance to targeted HIV prevention policies, programs, and strategies that would benefit FSWs, their clients and for general population. And will serve as an input for further research.

## **2. Objectives**

### **2.1 General objective**

To assess condom utilization and its associated factors among female sex workers in Gondar town, Northwest Ethiopia 2014

### **2.2 Specific Objectives**

2.2.1. To determine condom utilization among female sex workers

2.2.2. To identify factors associated with condom utilization among female sex workers.

### 3. METHODS

#### 3.1 Study design

Community based quantitative cross sectional study triangulated with qualitative in-depth interview method was conducted in Gondar town from March 20-April 10, 2014.

#### 3.2 Study area

The study was carried out in Gondar town, Northwest Ethiopia from March 20-April 10, 2014. The town is located 748 KM from Addis Ababa. Administratively Gondar town is divided into 12 urban and 12 rural Kebele with an estimated population size of 267,567. Estimated number of food and drinking establishment of the town has 112 Hotels, 158 Restaurants and bars, 332 local drinking houses and 194 red-light areas based on the data from communication office, Health office, Tourism and culture office and from the censuses we conducted.

#### 3.3 Source population

Those female sex workers who were working in Gondar town

#### 3.4 Study population

Female sex workers who were working in hotel, night club, bar, red-light, and local drinking house

##### **Inclusion criteria**

Female sex workers who were working in hotels, bars, night clubs, red-light and local drinking house involved in commercial sex work during the study period.

##### **Exclusion criteria**

Respondent who cannot hear and seriously ill were excluded from the study

### 3.5 Sample size determination

#### Quantitative data

In this study, sample size was computed using single population proportion formula. By using the following assumptions

#### Sample Size and Sampling techniques

Using single population proportion formula

Considering  $P = 88\%$  (a national study in Ethiopia 2006) (24), 95% confidence interval, 3% of marginal error, 10% of non response rate, 1.96 of z-value

$$n = \frac{(Z / 2)^2 * P (1-P)}{d^2} = \frac{(1.96)^2 * (0.88)(1-0.88)}{0.03^2} = 450$$

The sample size was  $450 + 10 \% ( 450 ) = 495$

#### Qualitative data

Purposive sampling were conducted

The sample size was determined until level of saturation. So, 10 FSW were interviewed.

### 3.6 Sampling method and procedure

For all establishments both licensed and non licensed mapping were conducted to enumerate the number of establishments and number of FSW to form sampling frame. We used the data which was collected by Save the Children International (SCI) and Organization for Rehabilitation and Development in Amhara region (ORDA) and HAPCO as reference. After conducting enumeration and having frame, proportional sampling allocation were done for Hotels, bares, night clubs, red light and local drinking houses FSW. We staratisied the establishent only for allocating the sample size proportionaly not for desidgn effect or stage. Simply we were conduct survey and forming the fram based on their establishment and taking samples by using computer generting number simple randem sampling techniques proportionaly as shoven below. Census were conducted by volunteers of FSW in each Kebele, who were participating in previous data estimation in the above organisation (HAPCO,SCI&ORDA).

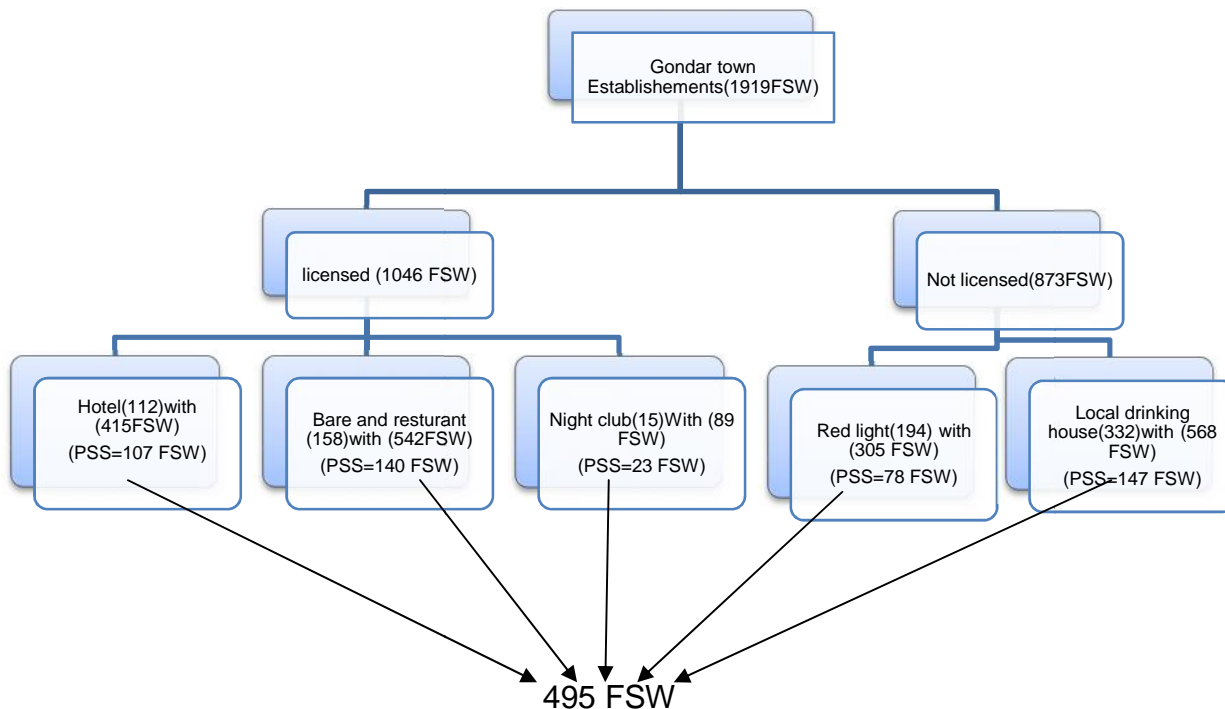


Figure2. Sampling procedure for selection of FSW from different establishments

### 3.7 Variables of the study

#### Dependant variable

Condom Utilization

#### Independent variables

**Socio-demographic variables** such as age, marital status, religion, education, ethnicity, Income of FSW, and major job

**Knowledge variable about HIV/AIDS** and STIs transmission and prevention methods, condom, perceived risk of HIV

**Behavioral variables**, safe sex, unsafe sex, age at first sex, alcohol use, khat and other drugs used, Number of clients, payment for one night sex.

**Service utilization**, RH service utilization, accessibility of information about HIV/AIDS, availability of condom, participating in HIV/AIDS prevention program, testing of HIV.

### 3.8 Operational definition

**Female sex workers:** - females who regularly or occasionally trade sex for money in drinking establishments, Hotel, bares, night clubs, local drink houses, and red light.

**Condom Utilization:** - Using condoms consistently with any sexual partner at every sexual intercourse to prevent HIV/ADIS and STI in the last month with any clients such as none regular, regular and boy friend/husband(5, 19).

**Commercial partner/non regular partner:** -Is irregular client who come for paid sex.

**Regular partner:** partners who come reputedly for sex

**None commercial partner/boy friend/husband:** - spouse or co-habiting sex partner.

**Red light**-the house which, female sex workers sell sex

**Knowledge of HIV/ADIS &STI transmission and prevention methods:** knowledge of the three transmissions and prevention methods unsafe sex, having multiple sex partner and mother to child for transmission and abstain, being faithful and condom use for prevention methods. Here we asked twelve questions to assess the knowledge and we compute a variable using spss to make it strong as knowledge of HIV/ADIS&STI transmission and prevention Methods. Those who say yes registered as one and those who say no registered as zero in all questions(4).

**Risk perception:** FSW attitude towards perceiving themselves as susceptible to HIV infection.

**Sign and symptom of STI:** considered knowledgeable if they answer three major sign and symptoms such as vaginal discharge, lower abdominal pain and ulcers.

**The monthly income distribution** of FSW was calculated using quartile distribution (lowest)  $\leq 1500$  ETB, (Second) 1501-2500 ETB (third) 2501-4000 and (highest) 4001. This is based on most researches used.



### 3.9 Data collection tools and procedures

Pre-tested structured interviewer administered questionnaire was used to generate quantitative data and administered by an interviewer. The questionnaire first was prepared in English and then translated into Amharic and back translated into English by different individuals to check consistency and conceptual equivalence. The Amharic version questionnaire was being pre tested before actual data collection in an area not included in the research study. Twelve female diploma nurses as data collectors were selected from Gondar town administration and training were given for 3 days on data collection techniques by the principal investigator. Two male BSc (1 Bsc in nurse and 1 Bsc in environmental Health) health professionals were employed as field supervisors after training. We recruited FSW as guider especially for red light and local drinking houses to get sampled FSW.

#### Qualitative

The qualitative study was designed to complement the cross-sectional study design. Its Major purpose was to address factors that could not be assessed using the cross-sectional study design and factors that were considered to be culturally sensitive. In-depth interviews (IDIs) were used to collect the qualitative data. A total of ten female sex workers were interviewed in each establishment until saturation.

Study participants were sex workers of Gondar town licensed and non licensed establishments. At the end of the data collection process of the quantitative study, ten sex workers were selected using a “purposive” selection method for the in-depth interviews. These sex workers were selected from licensed and non licensed establishments that were not included in the quantitative study. The first sex worker was chosen by purposely and wanted to contribute to the outcome of the study.

The interviews were conducted by the investigator. The in-depth interviews were made Using semi structured guideline. During each in-depth interview the same flow of order of discussion was tried to follow. Culturally sensitive questions Dealing with the types of sexual intercourses (anal, oral, etc), and the positions used during sexual intercourses and negotiation skill were some of the points included in the discussion during the in-depth interview.

The interviews were tape recorded after obtaining verbal consent from the participants. The in-depth interviews were conducted in places where there were no interruptions, and privacy was also well maintained.

### **3.10 Data Processing and Analysis**

All the questionnaires were checked visually, coded and entered into Epi info version 3.5.3 and exported in to SPSS version 20.0 software package for analysis. The data were analyzed using bivariate and multivariate logistic regression to determine the effect of various factors on the outcome variable and to control confounding effect. Those variables with 0.2 P-value in the Bivariate were fitted to multivariate logistic regression. The results were presented in the form of tables, figures and text using frequencies and summary statistics such as mean, median, standard deviation and percentage to describe the study population in relation to relevant variables. The degree of association between independent and dependent variables were assessed using odds ratio with 95% confidence interval and p-value 0.05.

### **Qualitative part**

The interviews were tape recorded after obtaining verbal consent from the participants. The in-depth interviews were conducted in places where there were no interruptions, and privacy was also well maintained.

The IDIs had been transcribed into the local language, Amharic, before the data were analyzed. The data was recorded using computer => transcribed cleaned manually => data code and categorized using open code software version 3.4 => Sorted and descriptive analysis were performed to find core meanings and interpret findings using thematic analysis and conceptual framework. The record, the transcriptions, and the final summary were used for the write up. So that the results in each section corresponded clearly with their intentions to be achieved

### **3.11 Data Quality control**

The quality of data was assured by properly designing and pre-testing of the questionnaires in Bahir Dar town 30 FSW, and training were done for the data collectors and supervisors before the actual data collection. Every day after data collection, questionnaires were reviewed and checked for completeness and relevance by the supervisors and principal investigator and the necessary feedback

was offered to data collectors in the next morning. For controlling errors during data analysis, 10% of the questionnaire was double entered into the software and also frequency checks were done.

#### **4. Ethical consideration**

Ethical clearance was obtained from the Institutional Review Board (IRB) of Institute of Public Health, College of Medicine and health Sciences, University of Gondar, Formal letter of cooperation were written from Gondar town Administration Mayor Office, Health and women, children, youth and social affair office. Informed verbal consent was obtained from each study subject. Each respondent was informed about the objective and purpose of the study. The respondents were also informed that all data obtained from them would be kept confidential by using codes instead of any personal identifiers and is meant only for the purpose of the study.

#### **5. Dissemination of the Result**

The finding of this study will be disseminated through publication, presentation at annual scientific meeting, conferences, etc. A copy of it will be offered to University of Gondar Institute of Public Health, FMOH, and ANRS Health Bureau, Gondar town Administration and Health Office and town HAPCO other concerned bodies.

## 6. Results

### 6.1 Socio demographic and economic characteristics of the respondents

Out of 495 sampled FSW, 488 female sex workers were involved in the study with response rate of 98%. The mean age of the respondent was 25.63 (SD±5.6). Nearly One- third (33.6%) of the respondents were in the age of 20-24 years. One hundred thirty eight (28.3%) worked at bar, 107(21.9%) at hotel, 144(29.5%) at local drinking house. 274(56.1%) of the respondents were single.

More than half (54.1%) FSW reported that it was their main job .The majority of the respondent family occupations were farmers 229(46.9 %). (One hundred fifteen (23.6%) were unable to read and write, 139(28.5%) had primary education and 118(24.2 %) had secondary or above educational statues.

The monthly income distribution of FSW using quartile distribution (lowest) <=1500 ETB, (highest) 4001 or above accounted for 28.7%, and 22.7% respectively. Two hundred two (41.4%) given birth and 97.5% have less than 5 family size; in fact 290 (59.4%) study participants had two or more children's. (Table1)

**Table 1:Socio demographic characteristic of FSW in Gondar Northwest Ethiopia 2014**

Variables	Frequency(n=488)	percentage %
Age group		
15-19	59	12.9
20-24	164	33.6
25-29	164	33.6
30-34	58	11.9
>=35	43	8.8
Working establishments type		
Hotel	107	21.9
Bar	138	28.3
Night club	22	4.5
Red light	77	15.8
Local drinking house	144	29.5
Place of growth		
Rural	247	50.6
Urban	241	49.4
Additional job		
only FSW	264	54.1
Have additional job	224	45.9
Education		
Unable to read & write	115	23.6
Able to read and write	116	23.8
Primary completed	139	28.5
Secondary or above	118	24.2
Marital status		
single	274	56.1
married	27	5.5
divorced	137	28.1
widowed	34	7.0
separated	16	3.3
Given birth		
Yes	202	41.4
No	286	58.6
Family size of FSW		
<=5 family size	476	97.5
>5 family size	12	2.5
Working year as FSW		
< 1 year	45	9.2
1 year	72	14.8
2 year	130	26.6
3 year	87	17.8
4 and above year	154	31.6

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Family occupation before  
being FSW

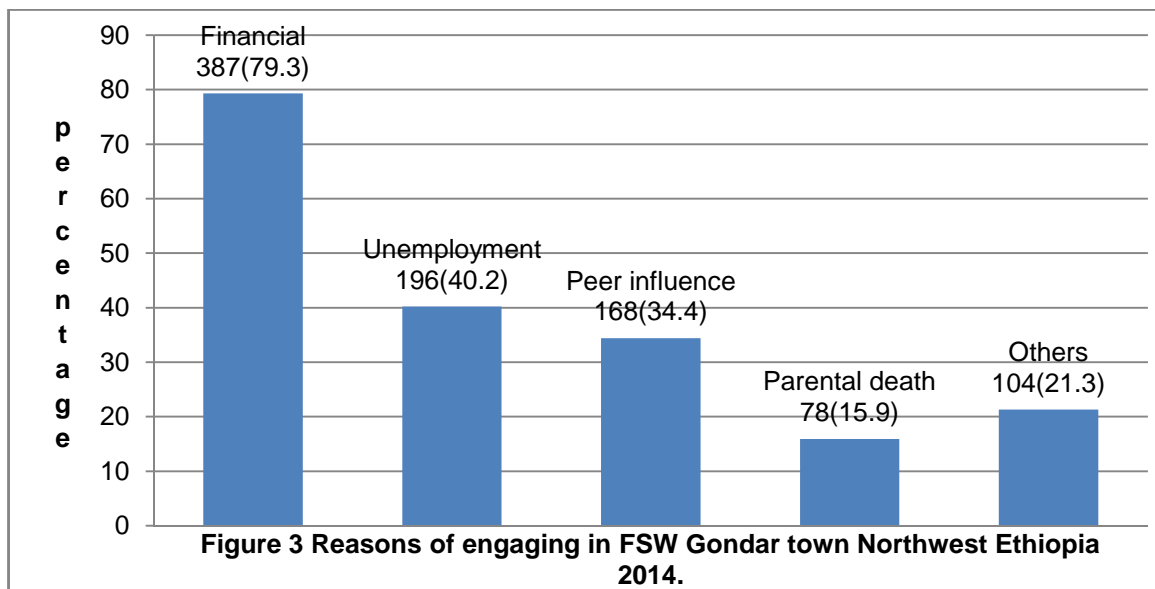
farmer	229	46.9
DL	95	19.5
civil servant	55	11.3
merchant	74	15.2
driver	20	4.1
other	15	3.1

Monthly income of FSW

<=1500 ETB	140	28.7
1501-2500 ETB	110	22.5
2501-4000 ETB	127	26
>=4001 ETB	111	22.7

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The most reason for being engaged in sex work was financial problem followed by unemployment and influence of peer.



## 6.2 Knowledge about HIV/AIDs and STI transmission and prevention and condom

One hundred eight three (37.5%) of the respondent had knowledge about HIV and STI transmission and prevention methods. One hundred Seventy (34.8%) of the study subject knew at least the three major sign and symptoms of STI. Three hundred forty one (69.9%) of the respondents reported that STI infection will increase HIV infection rate.

*In the in-depth interview the respondents said” HIV can be transmitted through unsafe sex and STI transmission is not the same as HIV, it is transmitted through seating in hot stone or place and urinating towards moon and its treatment is traditional than modern (FSW ID 6 ,age 21)”*

*In the other 21 years FSW ID 1 said “ I was visiting the clinic for STI treatment.STI and HIV are similar in mode of transmission and STI will be treated if we infected with it”. Both HIV and STI transmission methods are unsafe sex, having multiple sexual partners and the prevention methods are abstain, faithful and proper condom utilization and avoid using sharp objects in common.*

All the respondents who, knew and heard about condom, the source of information were friend 77.5%, Health professional 76%, client 64.8%, mass media 74.2% and others. 64 and 25 FSW of the respondents practiced anal and oral sex with their partner .But only 34 and 3 FSW of them used condom respectively

From those who are using condom 99.2% used for HIV /AIDS prevention, 80.1% for STI prevention and 86.7% used to avoid unwanted pregnancy. Two hundred thirteen (43.6%) of the respondents perceived them at risk of HIV infection. (Table2)

*“....18 years old FSW ID 2 said that doing as sex worker by itself is at risk of getting HIV infection due to multiple sexual partner, there may be condom breakage and slipping during sex and also we will have unsafe sex by the influence of different factors”*

*On the other hand 24 years old FSW ID 4 said that “....Am not at risk of getting HIVADIS because I use condom properly with any of my sex clients throughout this work. So, I am thinking that I am safe from HIV/ADIS, the main thing is on the use of condom.”*

**Table 2 knowledge about HIV/AIDS prevention and Transmission methods and condom in Gondar town Northwest Ethiopia 2014**

Variable	frequency	Percentage%
<b>Knowledge about HIV &amp;STI transmission and prevention computed variable</b>		
Yes	183	37.5
No	305	62.5
Knowledge of STI sign and symptom at least three major		
Yes	170	34.8
No	318	65.2
Knowledge about STI will increase HIV infection		
Yes	341	69.9
No	147	30.1
Source of information about condom		
Health professional	371	76.0
From friend	378	77.5
From client	316	64.8
Health institution	334	68.8
Mass media	362	74.2
Family	77	15.8
Other	10	2.0
Type of sex practiced		
Vaginal	488	100.0
anal	64	13.1
Oral	25	5.1
Condom use for type of sex		
Vaginal	488	100
Anal	34	50
Oral	3	9.7
Knowledge of condom be source of HIV		
Yes	380	77.9
No	108	22.1
Knowledge of why they used condom		
HIV prevention	484	99.2
STI prevention	391	80.1
To avoid unwanted pregnancy	423	86.7
Perception of being risk of HIV		
Yes	213	43.6
No	275	56.4



### 6.3 Service Utilization

Among the respondents 416(85%) used any type of reproductive health services, 415(90.2%) had options to get information about HIV/AIDS and 273(55.5%) of the respondent had participated in any HIV/AIDS prevention programs. Three hundred eighty one (78.5%) tested for HIV in the last 12 months.

*“.... I have used reproductive health services like HIV testing, family planning counseling and also I got condom from health institutions and I can access information about HIV/ADIS .....The reason of testing HIV is to know my statues and it encourages to use condom (25 years FSW ID 3).”*

*Another respondent 18 years old FSW ID 7 ”.....I never used any type of reproductive services in my stay as sex worker and I didn’t know any option to get information about HIV/ADIS even I can’t insert condom properly. And I haven’t got HIV testing.”*

*“.....I have participating in peer education session which was lead by our friend and I got a lot of things on it about condom utilization, benefits of testing HIV and STI , and how to negotiate with clients and about methods of transmission and prevention of STI( 21 years old FSW ID 1).”*

*Another participant responds that “ ..... I didn’t participated in any HIV prevention programs in my two years work as FSW but I got information about HIV/ADIS AND condom when I was at school(19 years FSW ID 10).”*

Concerning the place where they can get condom 448(91.8%) from shop, 261(53.3%) from friends and the other place of condom source were pharmacy, health institutions and hotels. (Table 3)

**Table. 3 Service utilization of FSW in Gondar town North west Ethiopia. May, 2014**

Variable	Frequency	Percent%
Health service availability		
Yes	446	91.4
No	42	8.6
Utilization of RH service		
Yes	415	85.0
No	73	15.0
Options to get information about HIV		
Yes	440	90.2
No	48	9.8
Participated in HIV prevention program		
Yes	271	55.5
No	217	44.5
Accessibility of condom		
Yes	457	93.6
No	31	6.4
knowledge of place condom available		
Yes	467	95.7
No	21	4.3
Possible to get condom in your working area		
Yes	421	86.3
No	67	13.7
Place of condom available		
Shop	448	91.8
Pharmacy	334	68.4
Health institution	342	70.1
Hotel	316	64.8
Friend	261	53.5
health professional	195	40.0
HIV testing in the last 12 month		
Yes	381	78.1
No	107	21.9
Reasons for testing HIV from tested (n=381)		
to know status	305	62.5
Illness	71	14.5
for pregnancy	25	5.1

## 6.4 Condom utilization & Sexual behavior

From the total respondent who had sex in the last one month condom utilization with non regular partner was 411(84.2%), regular partner 351(71.9%), with boy friend from those who have boy friend or husband were 160(32.8%) and the overall consistent and correct utilization were 233(47.7%).

*".....since I trust my boy friend I didn't use condom ..... 20 years old FSW ID 8."*

*".....I asked every client to use condom. If he accepts we used condom. If he does not, I cannot force him. Condom use depends on the client" (FSW ID 5 ages 30) "*

*Another FSW expressed in*

*'If I tell my boy friend /husband to use condom he will not trust me, and he might leave me in trouble. I want to tell my boy friend /husband to use condom but I cannot do it". (FSW ID 9, age 24)*

*On the other hand 19 year FSW ID 10 said "I used condom all the time in any clients. If they ask me having sex without condom I consider he is HIV/AIDS positive and I gave attention in any sexual act."*

*'.... During the sexual intercourse most males asked me to have sex without condom. But I try to discuss with them focusing on his families responsibility, by providing risk information I will have HIV you didn't know me, so why we have sex without condom. And to reduce risk I didn't go out of my working establishment (21 years old FSW ID 9)."*

*Another sex worker said mostly " I am asked by those who are more educated and by rich peoples to had sex without condom by paying more money, but I didn't do it ..... if they ask me to had sex without condom I consider they will have HIV unless why they ask me such type of question and I didn't belief such types of client. If they try to force me I shoot and call police and also I will use any alternatives to escape from him (19 years old FSW ID10)."*

Two-thirds (66.8%) started sex at the age between 15-19 years. The number of clients were 3 up to 70 in a month, with median of 13 clients per month.

Incidence of condom breakage and slipping were happened in the last month during sexual act which was 32% and 22.3% respectively.

Common clients of FSW were asked, Almost all of FSW have clients of driver were 400 (82%), merchants were 375(76.8), daily laborer were (56.4%), civil servants were 237(48.6%), students 182(37.3%) and 16(3.3) were others.

Among 488 respondents 360 (73.8%) drunk alcohol in the last month and of this 119(33.1) drunk every day and 69(19.2) drunk less than once per week. Out of the respondents 185 (37.9%) experience violence, majorly physical, sexual and refusing to pay money 104(55.6), 120(64.8%) respectively from the violated respondents.(Table 4).

*"..... (21 years old FSW ID 1) Said I am chewing khat to drink a lot, to avoid sleeping and to say ok easily my sex clients..... I will be intoxicated when I drunk a lot but I tried to not drink much. Any how it is difficult; I will be intoxicated without intention after that I didn't remember what was happened. And sometimes if I intoxicated I will not go with any sex partner. We are also forced by owners to drink much....."*

Sex practice other than vaginal was reported by the study participants. ....19 years old ID 10 *"said that I was asking by my clients to sack his pens and have sex with anal I used condom for anal sex but I did not practice oral sex....."*

*"another sex worker said I was considering that anal sex and oral sex did not transmit HIV. So, there was inconsistent condom use."*

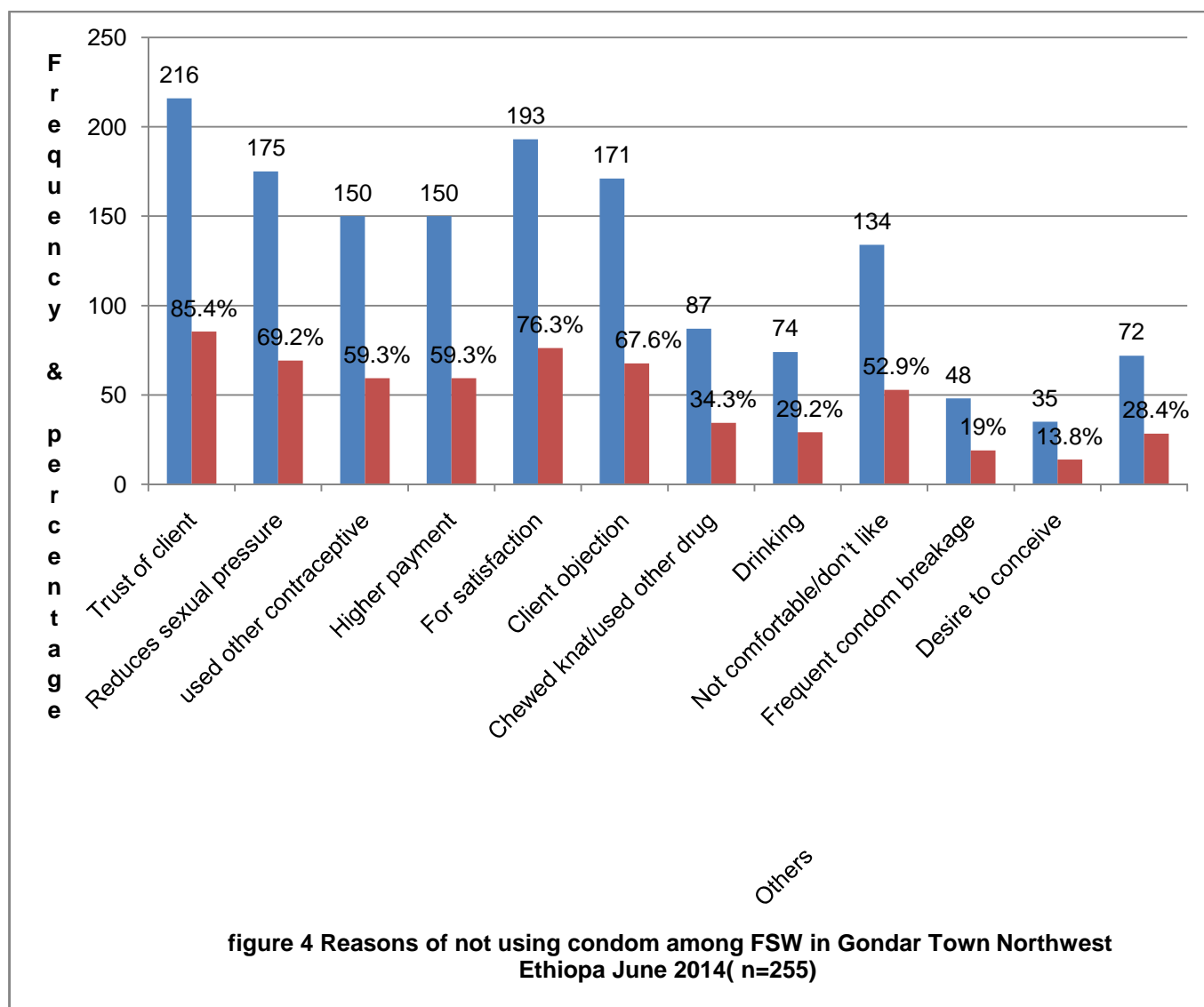
*"..... 18 years old FSW ID 2 said I am beaten by my client without any reason " and another FSW said I was encountered sexual violence. In addition another sex worker also reported psychological violence in the month. "*

*" condom utilization affected by on negotiation skill and place designed by clients"*

**Table 4 Condom utilization and Sexual behaviour among FSW in Gondar town Northwest Ethiopia. May, 2014**

Variable	Frequency	Percent
First age of sexual intercourse		
10-14 year	58	11.9
15-19 year	326	66.8
20-24 year	101	20.7
24-30 year	3	0.6
No of client in the last month median		
<=13	306	62.7
>=14	182	37.3
Sex with condom non regular partner in the last month		
Yes	411	84.2
No	77	15.8
Sex with condom regular partner in the last month		
Yes	351	71.9
No	137	28.1
Sex with condom boy friend /husband in the last month		
Yes	160	32.8
No	247	50.6
I don't have boy friend/husband	81	16.6
<b>Sex with condom non regular, regular and boy friend partner in the last month</b>		
<b>Yes</b>	<b>233</b>	<b>47.7</b>
<b>No</b>	<b>255</b>	<b>52.3</b>
Incidence of condom breakage in the last month		
Yes	160	32.8
No	328	67.2
Incidence of condom slipping in the last month		
Yes	109	22.3
No	379	77.7
Payment for one night sex		
Less than or equal to mean 203 ETB	322	66
Greater than 203 ETB	166	34
Common clients of FSW		
Driver	400	82.0
Merchant	375	76.8
Daily laborer	275	56.4
Civil servant	237	48.6
Student	182	37.3
Other	16	3.3
Alcohol drinking in the last month		
Yes	360	73.8
No	128	26.2
Alcohol consumption per week		
Every day	119	33.1
At least once a week	69	19.2
Less than once a week	96	13.1
Two to three per week	50	13.9
Every day if available	96	26.7
Violence in the last month		
Yes	185	37.9
No	303	62.1
Type of violence		
Physical	104	55.6
Sexual & refusing to pay money	120	64.8
Psychological	90	48.1

The study participant reported that among who did not use condom consistently trust the client (85.4%), for satisfaction (76.3%) and client objection (67.6%) are the most reasons mentioned.



## 6.5 Factors associated with condom utilization among female sex workers.

In the bivariate logistic regression Age, place of growth, marital status, additional job, Education, working year as FSW, monthly income, HIV/AIDS & STI transmission and prevention knowledge, knowledge of Sign and symptoms of STI ,awareness of STI will increase HIV infection, perception of at risk of HIV infection, participating in any HIV/AIDS prevention program, Having tested in HIV/AIDS in the last 12 months, number of sex partners in the month, payment for one night and violence in a month were significant at 0.2 p-value. Moreover, in the multiple logistic regressions Education, Knowledge on HIV&STI transmission and prevention, HIV risk perception, awareness of STI will increase HIV infection, HIV prevention program participation, HIV testing, number of client and payment for one night remained as a statistically significant factor for condom utilization.

Respondents who had secondary or above educational status had about 3.7 times higher odds of using condom than those who were unable to read and write [AOR: 3.7, 95%CI (1.69, 8.25)].

HIV/AIDS and STI transmission and prevention knowledge were significant in condom utilization, respondents who have knowledge about this variable were almost 2 times higher odds of using condom than others. [AOR: 1.9, 95%CI (1.04, 3.32)].

Respondents reported that STI will increase HIV infection D?BB time's higher odds of using condom than those who didn't know it STI will not increase infection of HIV. [AOR: 3.11, 95%CI % (1.63, 5.94)].

As the study subject reported those who did not perceive themselves at risk of getting HIV/AIDS were 5.78 times higher odds of using condom than perceiving themselves at risk of HIV infection .[AOR:5.8,95%CI(3.18,10.53)].

Respondents who participated in any HIV/AIDS prevention program have 13.3 times higher odds of using condom than those who did not participated in such programs.[AOR:13.3,95%CI(7.33,24.10)].

Those study participants who tested HIV/ADIS in the last 12 months were 3.4 times higher odds of using condom than not tested in the year.[AOR:3.4 95%CI(1.51,7.78)].

Respondents who have less clients in a month than the median were 2.5 times the odds of using condom than those who have more clients than median.[AOR: 2.5,95% CI (1.42,4.25)].

Payment for one night sex was factor with less payment than the median 2 times the odds of using condom than who have higher payment for one night sex.[AOR:2.1,95%CI(1.57,3.72)].



**Table 5 Factors affecting condom utilization among FSW in Gondar town Northwest Ethiopia. May, 2014**

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## 7. Discussion

This study highlighted condom utilization among female sex workers in Gondar town. The result showed that 47.7 % (CI 42.8%, 52.4%) of the respondents were utilizing condom in any type of clients, whether non regular, regular or boy friend/husband in the last month. Condom utilization in each client were with non regular 84.2%, with regular 71.9% and with boy friend's from those who have boy friends were 32.8%.

This study result is similar with a study conducted in Ghana 49.6 %(22), North border city of Mexico, where CCU in all type of client were 43 %(14), South Africa 43%(23).

But it is lower than with other studies like in South Asia CCU in any client were 86.9% (15), south Indian 81.7 % with any client (17) , in Hubei-China aver all was 74.9 (21) Bangladesh 58.9% (16) and national study in Ethiopia it was 88%(24 ).And Adama city Ethiopia which was 62 % in regular client (8). It is however, higher than Sichuan province China any client CCU were 30.5% (20),

The possible reasons for this different may be the socio demographic and economic characteristics, educational level, HIV/AIDS program exposure, countries health policies, the presence or absence of MARPS focused programs and strategies.

Most of the participant reported that the reason why they engaged in sex work were due to financial problem (387(79%), unemployment 196 (24%) and peer influence was 168(34.3%).this is comparable with a report in Amhara region base line survey data ( 6) Ghana (22). This might be to resolve their financial problem they engaged in such types of work.

From those who did not use condom consistently a lot of reasons were mentioned. Frequently reported reason were trust of client 85.4%, client objection 67.6%, higher payment offer by the client 59.3%, for satisfaction 76.3%, used other contraceptive 59.3% and used khat and other drugs 34.3%, which was a comparable reason with Ghana (22),Bangladesh (16) and South Asia (15).

The study assessed the knowledge of study subjects about HIV/AIDS and STI transmission and prevention methods in different questions, which revealed that 183

(37.5%) have knowledge on transmission and prevention methods about HIV/AIDS and STIs. *This was supported by:*

*In the in-depth interview the respondents said” HIV can be transmitted through unsafe sex and STI transmission is not the same as HIV, it is transmitted through seating in hot stone or place and urinating towards moon and its treatment is traditional than modern (FSW ID 6 ,age 21)”*

Reproductive health service utilization, 416(85%) used any type of reproductive health services, which is major value for their health conditions and to get counseling based on their concern

*“.... I used reproductive health services like HIV testing, family planning counseling and also I got condom from health institutions and I can access information about HIV/AIDS .....The reason of testing HIV is to know my statues and it encourages to use condom (25 years FSW ID 3).”*

Sexual behaviours tried to explore their early sexual intercourse number of client and also sexual practice with different partners were, two third (66.8%) of the respondent started sex at the age of 15-19 years old, the number of client per month varies from 3 up to 70 and condom utilization also greatly varies depend on their sex partner type.

*“I asked every client to use condom. If he accepts we used condom. If he does not, I cannot force him. Condom use depends on the client” (FSW ID 5 ages 30)*

*Another FSW expressed in*

*“If I tell my boy friend /husband to use condom he will not trust me, and he might leave me in trouble. I want to tell my boy friend /husband to use condom but I cannot do it”. (FSW ID 9, age 24)*

Factors which affect condom utilization ,Female sex workers whose education was primary, secondary or above were more likely to use condom than who's unable to read and write, educated female sex worker may develop confidence to use condom and might have skills to negotiation with their clients and may have compressive knowledge about HIV/AIDS & STI. Also higher educated female sex worker will have

better awareness about condom utilization knowledge, attitude, practice and skill. This finding is in line with a study in Mexico (14), South Asia (15), Ghana (22), South Africa (23) and Ethiopian (24) and Adma City (8). This could be that educated FSW will have information about the risk of HIV & STI infection and will motivated to use condom.

Among the determinants explored knowledge about HIV/ADIS & STI transmission and prevention methods were identified as a factor to use or not to use condom consistently. Here the respondents reported that knowledge about the transmission and prevention methods of HIV/ADIS and STI affects significantly the utilization of condom. Therefore this study revealed that having knowledge about the transmission and prevention of both HIV&STI have positive effect on utilization of condom that means if they had knowledge of both they try to use condom consistently and correctly. This result was supported by a study conducted in Bangladesh (16) and Ghana (22). Possible reason would be the knowledge would increase utilization of condom correctly and consistently.

Perceiving at risk of HIV/AIDS infection was significant factor for condom utilization among female sex workers. This is possibly respondent perception do you to multiple sexual partner and unsafe sex practice and consistent & correct utilization of condom. They will consider themselves as not at risk due to consistent & correct utilization of condom and at risk due to unsafe sex with any partners and other miss use. In this factor if they perceived themselves not at risk of HIV/ADIS infection, they were more likely to use condom than perceiving themselves at risk of getting HIV/ADIS. similar to the finding in Bangladesh (16), Pradesh-India (26), Hubei-Chain (21) and Ghana (22).

This study identifies awareness of STI will increase HIV infection, It was positively associated with condom utilization. This might be the awareness of highly infected with STI will give strong care to use condom. Similar finding with a study conducted in Andhra Pradesh (18). This might be the awareness of highly infected with STI will increase HIV infection give strong care to use condom.

Participating in any HIV/ADIS prevention program were potential determinants of condom utilization because of that if they were participating in any HIV/ADIS program

they can get compressive knowledge, skill of negotiotion,confident to communication with client ,risk perceptions will be re-enforced additionally and other means of IGA will be forwarded. This is supported by a study conducted in many parts of the world like Asia (15), China (21) and African countries (22, 23). This could be if, they participating in any HIV prevention program they acquire compressive knowledge and behavioral changes to use condom. They would equipped about safe negotiation skill & reduced any risky behaviours. And they take care about personal safety, Use condom consistently and regular visit of clinic.

This study revealed that FSW utilization of health care system especially testing of HIV in the last 12 months significantly associated with condom utilization.Those who had got HIV/ADIS testing more likely to use condom than who did not tested. This could be as the result of the counseling they got in health institutions and the plan of reducing risk by using condom consistently and correctly. This is similar a study in Cambodia-South Asia (15).This could be the counseling and the plan of reducing risk after testing

Numbers of clients were the determinant factors of condom utilization, in this study we used the median as a cut of point as most studies used to know the effect of client number to condom utilization, those who have less client than median were more likely to use condom than who have more client than median. It may be due to that they become tired and careless and they may consider themselves at high risk of infection due to multiple sex partners. This study is similar with a finding in Ghana (22 ), Cambodia South Asia (15), Andhra Pradesh India (18), and Adama city (8).This might be as the number of client increases their negotiation skill will decreased due to tiredness and to satisfy their client need.

An average payment for one night was reported by the study participants and those who have higher payment than the median were more likely to use condom than less payment than the median .Similar with a study conducted in Ghana (22) and different a study in South Asia (15). Probably those with less payment will not much invite their

client to use condom in order to attract the flow of client. They might only consider the number of partner.

Common clients of FSW were reported by the study subjects and revealed that driver merchant, daily laborer and civil servants were the commonest client who visited FSW. This might be work related reasons. This is similar with other studies in our country.

## **Strength and limitation in the study**

### **Strength of the study**

Used triangulated methods to increase validity

Used to include all type of establishment of FSW than other studies before

### **Limitation of the study**

Street based female sex workers were not included due to difficult to get them.

Since it is self reported there may be social desirability bias.



## 8. Conclusions

This finding depicted female sex workers condom utilization was low with any type of client whether non regular, regular or boy friend/husband, which places not only FSW but also the general population at high risk of HIV/AIDS and STIs.

Moreover, Primary and secondary or above education, knowledge about HIV and STI prevention and Transmission methods, Perceiving themselves at risk of HIV infection, awareness of STI will increase HIV infection, participating in any HIV prevention program, testing of HIV in the last 12 months, Number of client and higher payment per one night were positively associated with condom utilization.

## 9. Recommendation

### **For FMOH, FHAPCO, RHB and RHAPCO**

- Integrated MARPS focused policies, strategies, programs development and implemented in Health system were needed at national level.
- Target focused prevention and health service delivery system is required to reinforce healthy promotion behaviors.
- Developing MARPS focused alternative option of income generating strategy
- Risk reduction strategies for risk behavior of female sex worker is required
- MARPS focused programs implemented towns have to be scale up

### **For Gondar town administration Health Office and women, children, youth and social affair office**

- Implementing of the MARPs focused program have better to advanced and close follow up.
- Mobilization the FSW health seeking behaviour is mandatory for risk minimization
- Work closely with police and other sectors to reduce violence
- Awareness creation is needed for the owner of hotel, bar, night club and local drinking house about work place HIV prevention strategy

### **For NGOs**

- It is better to advance on MARPs focused Intervention.
- BCC and providing clinical service for FSW.

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## 11. ANNEXES

**University of Gondar College of medicine and health sciences**

**Institute of public health**

**Annex I Questionnaires:** To determine the condom utilization and associated factors among Female sex workers in Gondar town, Northwest Ethiopia.2014

Hello!

My name is -----I am one of the members of the research team. The purpose of this questionnaire is to determine the condom utilization and associated factors among Female sex workers in Gondar town, Northwest Ethiopia

I have identified you as a study participant hoping that you would be willing to help me by providing some information.

Be assured that your identity will be kept confidential during the research process. Your participation is voluntary and you do not have to answer any questions you do not want to, However, your honest answers to these questions will help us in identifying the determinant factor of condom use and improve condom utilization in the future especially female sex workers among Gondar town and other relative towns.

The questionnaires include socio- demographic factors and other questions related with condom utilization. Only honest answers would contribute to the improvement of health planning, your role in the success of the research is important and I appreciate your contribution to the research. The question may take 30-40 minute to finish. If you have any questions you can ask at any time. Would this be okay for you?

A. Yes, I understood about the advantage of the research and the roles I will have in the research. I have agreed to participate in the research.

B. No

If Respondent agrees to be interviewed,

Starting time\_\_\_\_\_: End time\_\_\_\_\_

I would like to remind you again that some of the following questions might be sensitive and personal; however, they are very important to the research. If you don't understand any of the questions please ask me for clarification. Now, I am asking you some questions regarding your socio-economic background.

## SECTION I. Socio-Demographics background

No	Questions	categories Code	Skip to	Coding
101	How old are you?	-----		
102	Where are you grown up?	1.rural 2.Urban		
103	What is your educational status	1.unable to and read write 2.able to Read and write 3.primry education 4.secondary education completed 5.Tertiery		
104	What is your religion?	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5. Other specify .....		
105	What ethnic group do you Belong to?	1. Amhara 2. Tigre 3. Oromo 4. Other specify.....		
106	What is your Marital statues	1.single 2.married 3.Divorsed 4.widowed 5.Separeted		
107	Have you ever given birth to a child?	1.yes 2.No	If (2) skip to Q.109	
108	If "Yes", how many children do You have currently?	1.Nothing 2.One 3.Two 4.Three 5.Four and above		
109	Number of family size	.....		
110	What is your main job other than FSW?	.....		
111	How long have you been Working as a FSW?	1. < 1 year 2. 1 year 3. 2 years 4. 3 years 5. 4 years 6 .5 and above		

112	Where did you first start this Job?	1. rural area 2.urban																										
113	What was your reason for being commercial Sex worker?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1. Financial problem</td><td>1</td><td>2</td></tr><tr><td>2. Peer influence</td><td>1</td><td>2</td></tr><tr><td>3. unemployment</td><td>1</td><td>2</td></tr><tr><td>4. Death of parents</td><td>1</td><td>2</td></tr><tr><td>5. Divorce or separation of parents</td><td>1</td><td>2</td></tr><tr><td>6. Disagreement with whom you live</td><td>1</td><td>2</td></tr><tr><td>7. Others Specify.....</td><td></td><td></td></tr></table>		Yes	No	1. Financial problem	1	2	2. Peer influence	1	2	3. unemployment	1	2	4. Death of parents	1	2	5. Divorce or separation of parents	1	2	6. Disagreement with whom you live	1	2	7. Others Specify.....				
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4. Death of parents	1	2																										
5. Divorce or separation of parents	1	2																										
6. Disagreement with whom you live	1	2																										
7. Others Specify.....																												
114	Monthly income of FSW	.....																										
115	What was parental occupation status Before being FSWs?	1. Farmer 2. Daily labourers 3. Civil servant 4. Merchant 5. Driver 6. Other specify.....																										

## SECTION II Knowledge related

No	Questions	Coding categories	Skip to	Code																					
201	Do you know about transmission methods of HIV/AIDS?	1.Yes 2.No	If(2) skip to 203																						
202	If yes what are they?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.un protected Sexual Intercourse</td><td>1</td><td>2</td></tr><tr><td>2.having multiple sexual partner</td><td>1</td><td>2</td></tr><tr><td>2.Mother to child</td><td>1</td><td>2</td></tr><tr><td>3.Transfusion of infected blood</td><td>1</td><td>2</td></tr><tr><td>4.By sharing sharps (Blade, Needle, etc)</td><td>1</td><td>2</td></tr><tr><td>5. Others (specify).....</td><td></td><td></td></tr></table>		Yes	No	1.un protected Sexual Intercourse	1	2	2.having multiple sexual partner	1	2	2.Mother to child	1	2	3.Transfusion of infected blood	1	2	4.By sharing sharps (Blade, Needle, etc)	1	2	5. Others (specify).....				
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5. Others (specify).....																									
203	Do you know about prevention methods of HIV/AIDS?	1.Yes 2.No	If(2) skip to 205																						
204	If yes what are they?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Avoid Sex/Abstinence</td><td>1</td><td>2</td></tr><tr><td>2.Avoid multiple Sexual Partner (one to one)</td><td>1</td><td>2</td></tr><tr><td>3.Using condom</td><td>1</td><td>2</td></tr><tr><td>4.Avoid sharing sharps</td><td>1</td><td>2</td></tr><tr><td>5. Others (specify).....</td><td></td><td></td></tr></table>		Yes	No	1.Avoid Sex/Abstinence	1	2	2.Avoid multiple Sexual Partner (one to one)	1	2	3.Using condom	1	2	4.Avoid sharing sharps	1	2	5. Others (specify).....							
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3.Using condom	1	2																							
4.Avoid sharing sharps	1	2																							
5. Others (specify).....																									
205	Do you know about STI transmission methods?	1.Yes 2.No	If (2) skip to 207																						
206	If yes what are they?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Unsafe sex</td><td>1</td><td>2</td></tr><tr><td>2. multiple sexual partner</td><td>1</td><td>2</td></tr><tr><td>3.Mother to child</td><td>1</td><td>2</td></tr><tr><td>4.Blood transfusion</td><td>1</td><td>2</td></tr><tr><td>5. Others specify.....</td><td></td><td></td></tr></table>		Yes	No	1.Unsafe sex	1	2	2. multiple sexual partner	1	2	3.Mother to child	1	2	4.Blood transfusion	1	2	5. Others specify.....							
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4.Blood transfusion	1	2																							
5. Others specify.....																									

207	Do you know about prevention methods of STI?	1.Yes 2.No		If (2) skip to 210																									
208	If yes what are they?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Abstain from sex</td><td>1</td><td>2</td></tr><tr><td>2. Use condoms</td><td>1</td><td>2</td></tr><tr><td>3.Avoid multiple sex partner</td><td>1</td><td>2</td></tr><tr><td>4.Stay in a mutually monogamous relationship</td><td>1</td><td>2</td></tr><tr><td>5.Use new or sterilized syringes or needles</td><td>1</td><td>2</td></tr><tr><td>6. Others (Specify).....</td><td></td><td></td></tr></table>		Yes	No	1.Abstain from sex	1	2	2. Use condoms	1	2	3.Avoid multiple sex partner	1	2	4.Stay in a mutually monogamous relationship	1	2	5.Use new or sterilized syringes or needles	1	2	6. Others (Specify).....								
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4.Stay in a mutually monogamous relationship	1	2																											
5.Use new or sterilized syringes or needles	1	2																											
6. Others (Specify).....																													
209	Do you think people infected with STI will have a high chance of being infected with HIV?	1.yes 2.No																											
210	Do you know the sign and symptoms of STI?	1.yes 2.No																											
211	If yes for Q 210 what are sign and symptoms of STI?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1. Lower abdominal pain</td><td>1</td><td>2</td></tr><tr><td>2. Genital discharge</td><td>1</td><td>2</td></tr><tr><td>3. Foul smelling discharge</td><td>1</td><td>2</td></tr><tr><td>4. Burning pain on urination</td><td>1</td><td>2</td></tr><tr><td>5. Genital ulcers /sores</td><td>1</td><td>2</td></tr><tr><td>6. Swellings in groin area</td><td>1</td><td>2</td></tr><tr><td>7. Other specify.....</td><td></td><td></td></tr></table>		Yes	No	1. Lower abdominal pain	1	2	2. Genital discharge	1	2	3. Foul smelling discharge	1	2	4. Burning pain on urination	1	2	5. Genital ulcers /sores	1	2	6. Swellings in groin area	1	2	7. Other specify.....					
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5. Genital ulcers /sores	1	2																											
6. Swellings in groin area	1	2																											
7. Other specify.....																													
212	Have you heard of about condom?	1.yes 2.No		If (2) skip to 301																									
213	If yes from where did you get information?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.from Health professional</td><td>1</td><td>2</td></tr><tr><td>2.From friend</td><td>1</td><td>2</td></tr><tr><td>3.from partners(clients)</td><td>1</td><td>2</td></tr><tr><td>4.From health institution</td><td>1</td><td>2</td></tr><tr><td>5.from mass media</td><td>1</td><td>2</td></tr><tr><td>6.from family</td><td>1</td><td>2</td></tr></table>		Yes	No	1.from Health professional	1	2	2.From friend	1	2	3.from partners(clients)	1	2	4.From health institution	1	2	5.from mass media	1	2	6.from family	1	2						
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5.from mass media	1	2																											
6.from family	1	2																											
214	Have you Ever seen a condom before?	1.yes 2.No																											
215	What type of condom you know?	1.male 2. Female																											
216	Can you use condom properly?	1.Yes 2.No																											
217	Have you ever used condom?	1.Yes 2.No		If (2) skip to 220																									
218	Which sex do you practiced	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.vaginal</td><td>1</td><td>2</td></tr><tr><td>2.anal</td><td>1</td><td>2</td></tr><tr><td>3.oral</td><td>1</td><td>2</td></tr></table>		Yes	No	1.vaginal	1	2	2.anal	1	2	3.oral	1	2															
	Yes	No																											
1.vaginal	1	2																											
2.anal	1	2																											
3.oral	1	2																											
219	For which type of sex you used condom?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Vaginal</td><td>1</td><td>2</td></tr><tr><td>2.Anal</td><td>1</td><td>2</td></tr><tr><td>3.Oral</td><td>1</td><td>2</td></tr></table>		Yes	No	1.Vaginal	1	2	2.Anal	1	2	3.Oral	1	2															
	Yes	No																											
1.Vaginal	1	2																											
2.Anal	1	2																											
3.Oral	1	2																											



220	Which condom mostly you used	1.male 2.female																	
221	If your answer for Q 217 is yes how frequently did you used a condom in the last month?	1.Consistently 2.some times 3.Only once																	
222	Could condoms themselves be source of HIV transmission?	1.Yes 2.No																	
223	Why you are using condom?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.HIV/ADIS prevention</td><td>1</td><td>2</td></tr><tr><td>2.STI prevention</td><td>1</td><td>2</td></tr><tr><td>3..To avoid unwanted pregnancy</td><td>1</td><td>2</td></tr></table>		Yes	No	1.HIV/ADIS prevention	1	2	2.STI prevention	1	2	3..To avoid unwanted pregnancy	1	2					
	Yes	No																	
1.HIV/ADIS prevention	1	2																	
2.STI prevention	1	2																	
3..To avoid unwanted pregnancy	1	2																	
224	Do you perceive you are at risk of HIV/ADIS and STI infection?	1.Yes 2.No																	
225	If yes for Q 224 why?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1, Due to unsafe sex</td><td>1</td><td>2</td></tr><tr><td>2. Due to multiple sex partner</td><td>1</td><td>2</td></tr><tr><td>3. Due to condom slipping</td><td>1</td><td>2</td></tr><tr><td>4. Due to condom breakage</td><td>1</td><td>2</td></tr></table>		Yes	No	1, Due to unsafe sex	1	2	2. Due to multiple sex partner	1	2	3. Due to condom slipping	1	2	4. Due to condom breakage	1	2		
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2. Due to multiple sex partner	1	2																	
3. Due to condom slipping	1	2																	
4. Due to condom breakage	1	2																	
226	If yes for Q 224 did it encourage to use condom?	1.Yes 2.No																	

### SECTION III Service utilization

301	Is Health institution available around your living area?	1.Yes 2.No														
302	Have you used any reproductive health service?	1.Yes 2.No														
303	Is there any option that you can get information about HIV/ADIS?	1.Yes 2.No														
304	Have you participated in any HIV/ADIS intervention program?	1.Yes 2.No														
305	Can you get condom when you want?	1. Yes 2. No														
306	Do you know any place where you can get condom?	1.yes 2.No														
307	Is that possible to get condom from your work sit?	1.yes 2.No 3.some time														
308	Do you like condom availability in your working institution?	1.Yes 2.No														
309	Which place or person do you know where you can obtain condom?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1. Shop</td><td>1</td><td>2</td></tr><tr><td>2.pharmacy</td><td>1</td><td>2</td></tr><tr><td>3.Health institution</td><td>1</td><td>2</td></tr></table>		Yes	No	1. Shop	1	2	2.pharmacy	1	2	3.Health institution	1	2		
	Yes	No														
1. Shop	1	2														
2.pharmacy	1	2														
3.Health institution	1	2														

		4.Hotel 1 2 5.from friends 1 2 6.Health professionals 1 2		
310	Have you tested for HIV/AIDS in the past one year?	1.Yes 2.No		
311	Reasons for HIV test?	Yes No 1.To know statues /voluntarily/ 1 2 2.Illness 1 2 3.Pregnancy 1 2 4.Blood donation 1 2		
312	Do you think HIV testing will encourage condom utilization?	1.Yes 2.No		

**SECTION IV Behavioral factors Sexual history; Number and type of partner and practice Sexual behavior; alcohol use, use of khat, use of other drugs and condom use**

No	Questions	Coding categories	Skip to	Cod e
401	At what age did you first have sexual intercourse?	1. Age in years.....		
402	Have you had sexual intercourse in the last month?	1.yes 2.No	If (2) skip to 419	
403	How many sex partners did you have sex in the last month?	.....		
404	How many sex partners did you have sex in the last week?	.....		
405	How many sex partners did you have sex in the last 3 days?	.....		
406	How many sex partners did you have sex in the last day?	.....		
407	Have you had sex without a Condom with any one of your male clients in the last months?	1.Yes 2.No		
408	Have you had sex without a Condom with any one of your male clients in the last week?	1.Yes 2.No		
409	Have you had sex without a Condom with any one of your male clients in the last three days?	1.Yes 2.No		
410	Have you had sex without a Condom with any one of your male clients in the last day?	1.yes 2.No		

411	Did you perform the sex without Condom with a casual client (commercial) in the last month?	1.Yes 2.No																	
412	Did you encounter the sex without condom with a steady Client (regular) in the last month?	1.Yes 2.No																	
413	Did you encounter the sex with out condom with a non-paying Client (boy friend) in the last month ?	1.Yes 2.No																	
414	Did you encounter the sex with out condom with all type of client (non regular, regular &a non-paying Client (boy friend/husband) in the last month?	1.Yes 2.No 3.I haven't boy friend																	
415	Have you had any incident of Condom breakage in the last month?	1.Yes 2.No																	
416	Have you had any incident of Complete condom slippage in the last months?	1.Yes 2.No																	
417	Have you been asked by any one of your clients to insert a condom to his penis in the last month?	1.Yes 2.No	If (2) skip to Q.419																
418	If "Yes", did you comply with his Suggestion?	1.Yes 2.No																	
419	When you have had sex with partners Who suggest condom use that time?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.myselfe</td><td>1</td><td>2</td></tr><tr><td>2.Mypartener</td><td>1</td><td>2</td></tr><tr><td>3.Joint discussion</td><td>1</td><td>2</td></tr></table>		Yes	No	1.myselfe	1	2	2.Mypartener	1	2	3.Joint discussion	1	2					
	Yes	No																	
1.myselfe	1	2																	
2.Mypartener	1	2																	
3.Joint discussion	1	2																	
420	When you have had sex with partners Who did bring the condoms you Used?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Client himself</td><td>1</td><td>2</td></tr><tr><td>2.Myself</td><td>1</td><td>2</td></tr><tr><td>3.Routinely kept in</td><td>1</td><td>2</td></tr><tr><td>4.the bed rooms</td><td>1</td><td>2</td></tr></table>		Yes	No	1.Client himself	1	2	2.Myself	1	2	3.Routinely kept in	1	2	4.the bed rooms	1	2		
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1.Client himself	1	2																	
2.Myself	1	2																	
3.Routinely kept in	1	2																	
4.the bed rooms	1	2																	

421	Who are your common partners?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Driver</td><td>1</td><td>2</td></tr><tr><td>2.Murchant</td><td>1</td><td>2</td></tr><tr><td>3.dily labourers</td><td>1</td><td>2</td></tr><tr><td>4.students</td><td>1</td><td>2</td></tr><tr><td>4.government employees</td><td>1</td><td>2</td></tr><tr><td>5. Others specify.....</td><td></td><td></td></tr></table>		Yes	No	1.Driver	1	2	2.Murchant	1	2	3.dily labourers	1	2	4.students	1	2	4.government employees	1	2	5. Others specify.....																																														
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5. Others specify.....																																																																			
422	From whom you are using constantly condom?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Commercial partner</td><td>1</td><td>2</td></tr><tr><td>2.from regular partner</td><td>1</td><td>2</td></tr><tr><td>3.from boy friend /non paying/husband</td><td>1</td><td>2</td></tr></table>		Yes	No	1.Commercial partner	1	2	2.from regular partner	1	2	3.from boy friend /non paying/husband	1	2																																																					
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423	When you have had sex with partners Why did you perform the sex Without condom?  Consider multiple responses	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1) not available</td><td>1</td><td>2</td></tr><tr><td>2) too expensive</td><td>1</td><td>2</td></tr><tr><td>3) Not comfortable</td><td>1</td><td>2</td></tr><tr><td>4) Client's objection</td><td>1</td><td>2</td></tr><tr><td>5) For satisfaction</td><td>1</td><td>2</td></tr><tr><td>6) Higher payment offer</td><td>1</td><td>2</td></tr><tr><td>7) In hurry</td><td>1</td><td>2</td></tr><tr><td>8) Embarrassed to buy</td><td>1</td><td>2</td></tr><tr><td>9) Used other contraceptive</td><td>1</td><td>2</td></tr><tr><td>10) I don't like it</td><td>1</td><td>2</td></tr><tr><td>11) Considering the client to be free of risk/trust my client</td><td>1</td><td>2</td></tr><tr><td>12) I was drunk</td><td>1</td><td>2</td></tr><tr><td>13) I was chewed khat</td><td>1</td><td>2</td></tr><tr><td>14) I was used other drugs</td><td>1</td><td>2</td></tr><tr><td>15) don't trust condom prevent HIV1</td><td></td><td>2</td></tr><tr><td>16) Don't know how to use condom</td><td>1</td><td>2</td></tr><tr><td>17) Due you to frequent condom breakage</td><td>1</td><td>2</td></tr><tr><td>18) It reduce sexual pressure</td><td>1</td><td>2</td></tr><tr><td>19) Desire to conceive</td><td>1</td><td>2</td></tr><tr><td>20) Other specify.....</td><td></td><td></td></tr></table>		Yes	No	1) not available	1	2	2) too expensive	1	2	3) Not comfortable	1	2	4) Client's objection	1	2	5) For satisfaction	1	2	6) Higher payment offer	1	2	7) In hurry	1	2	8) Embarrassed to buy	1	2	9) Used other contraceptive	1	2	10) I don't like it	1	2	11) Considering the client to be free of risk/trust my client	1	2	12) I was drunk	1	2	13) I was chewed khat	1	2	14) I was used other drugs	1	2	15) don't trust condom prevent HIV1		2	16) Don't know how to use condom	1	2	17) Due you to frequent condom breakage	1	2	18) It reduce sexual pressure	1	2	19) Desire to conceive	1	2	20) Other specify.....				
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20) Other specify.....																																																																			
424	How many birr you received for one day sex in your commercial partner?	.....																																																																	
425	Have you drink alcohol in the past month?	1.Yes 2.No																																																																	
426	If yes in what frequency?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Every day</td><td>1</td><td>2</td></tr><tr><td>2. At least once a week</td><td>1</td><td>2</td></tr><tr><td>3. Less than once a week</td><td>1</td><td>2</td></tr><tr><td>4. Two to three time per week</td><td>1</td><td>2</td></tr><tr><td>5. Every day if available</td><td>1</td><td>2</td></tr></table>		Yes	No	1.Every day	1	2	2. At least once a week	1	2	3. Less than once a week	1	2	4. Two to three time per week	1	2	5. Every day if available	1	2																																															
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5. Every day if available	1	2																																																																	
427	Can you use properly condom after drinking?	1.Yes  2.No																																																																	

428	Did you use drugs other than alcohol?	1.Yes 2.No		
429	If yes did it affect utilization of condom?	1.Yes 2.No		

### SECTION IIIII Violence

No	Questions	Coding categories	Skip to	Code																		
501	Have you experience any type of violence	1.Yes  2.No																				
502	What type of violence you encountered?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.phiscal</td><td>1</td><td>2</td></tr><tr><td>2.sexual</td><td>1</td><td>2</td></tr><tr><td>3.rape</td><td>1</td><td>2</td></tr><tr><td>4.psychological</td><td>1</td><td>2</td></tr><tr><td>5.others specify</td><td>1</td><td>2</td></tr></table>		Yes	No	1.phiscal	1	2	2.sexual	1	2	3.rape	1	2	4.psychological	1	2	5.others specify	1	2		
	Yes	No																				
1.phiscal	1	2																				
2.sexual	1	2																				
3.rape	1	2																				
4.psychological	1	2																				
5.others specify	1	2																				

End time.....Thank you very much!!!

## Qualitative Questionnaire Guide

Discussion guide for IDI for FSWs working in licensed and non licensed establishments

Title of the study: Condom utilization and associated factors among female sex workers in Gondar town, Northwest Ethiopia.

Establishment.....

Name of moderator.....

Name of rap-porter: .....

Date: ----- Time taken -----

Code number of tape record: -----

### Section – I – Background information

1. Age
2. Educational status
3. Marital status(current)
4. Family occupational status
5. Reason for FSWs
6. Length of stay in this work
7. Money earned during sexual intercourse per day
8. Monthly income

### Section - II - Knowledge, on HIV/AIDS and STIs transmission and prevention and condom

1. Do you know about HIV/AIDS transmission and prevention methods? if yes
  - Which way of transmission do you know?
  - Which way of prevention do you know?
2. Do you know about STIs transmission and prevention methods? If yes
  - Which way of transmission do you know?
  - Which way of prevention do you know?
3. Do you know sign and symptoms of STI? If yes what are the sign and symptom STI? And do you think STI will increase the chance/risk of getting HIV/AIDS? If yes why?

4. Do perceive you are at risk of HIV/AIDS? If yes why? If no why?
5. Do you know about condom? If yes what are the things you know?

### **Section III Service utilization**

1. Have you used any reproductive health service? if yes what are the services you get?
2. Is there any option that you can get about information about HIV/AIDS?
3. Have you tested HIV/AIDS in the last 12 months? If yes reasons for HIV/AIDS testing? Do you think testing HIV/AIDS encourage condom use? If yes how?

### **Section – IV – Sexual history of FSWs**

1. Did you ever use condom? Have you been practicing it currently? Is it consistent?
2. What was the practice of condom use with clients and partners during time of sexual intercourse?
  - In general
  - In casual partner/paying client
  - In regular partner
  - In non paying partner /boy friend/husband
3. No of sex partner in the last month.....week.....three day.....one day.....
4. Have you had sex in the last month? What was the practice of condom use in prior to one month, week, 3 days before this day and last sexual intercourse?
  - In general
  - In casual partner
  - In regular partner
  - In non paying partner /boy friend/husband
5. Who suggest condom use during last sexual intercourse? Who insert condom to your clients? If you are inserting it why? If not reason for not inserting condom?
6. If you are not using condom with any client what are the reasons for not using condom?
7. Have you practiced sex other than vaginal sex? And the practice of condom use?
8. Have you sustained an incidence of condom breakage and slippage? If so how common is it?
9. What was your payment in relation to the type of sexual acts and condom use?

10. Have you used any drugs? If yes, what are the drugs you have used and for how long? What is the reason for the use of this drug?
11. Are you a chewer or smoker or drunker? The sexual practice after using khat, hashish and alcohol and use of condom?
12. Alcohol intake and losing one's own control over the use of condom? Level of intoxication during last sexual intercourse
13. The practice of using khat, hashish and watching pornographic videos to the interest to drink more alcohol and to practice risky sexual behavior?
14. Do you think you are capable to negotiate condom use with intoxicated men and other partners?
15. Was there a condition that you didn't practiced sex without condom? If yes, how and in which situations?
16. Was there a condition that a man interrogated you to avoid condom in your sexual intercourse? Probe them by mentioning the different partners?
17. Do you think that there is an access problem of condom? Where did you get condom?
18. What did you know about the type, expire date, source of condom, and distance travel to obtain condom?
19. Who are your most common clients?
20. Have you participated in any type of intervention working on HIV/AIDS? if yes what did you get?

### **Section –V- Violence**

1. Did you experience any type of violence? If yes, what type of violence did you experience? And why?
  - Physical
  - Sexual especially without condom
  - Psychological



**ጎንደር ዩንቨርሲቲ**

**ህክምናና ጤና ሳይንስኮሌጅ**

**የህብረተሰብጤናአጠባበቅኢኒስትራቲውት/ተቋም/**

ይህመጠይቅየተዘጋጀዉበጎንደር ከተማ በተለያዩ ተቋማት ለሚገኙ በወሲብ ስራ ላይ ለተሰማሩ ሴት ሴተኛ አዳሪዎች ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክኒያቶችን ለማጥናት ታስቦየተዘጋጀጥናትነዉ።

**ጤናይስጥልኝ**

ወ/ሪት/አቶ ..... እባላለሁ። ከዚህ የተገኘሁት ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክኒያቶችላይ በመጠይቅ መረጃዎችን ለመስብሰብ ነዉ። የጥናቱዉጤትበአገራችን ያለዉን ኤች.አይቪ /ኤድስ ስርጭትን ለመቀነስ በተለይም በወሲብ ስራ ላይ የተሰማሩ ሴት እህቶቻችን የኮንዶም አጠቃቀምን ለማሻሻል እና ምክንያቶች የመፍትሄ ስልቶችን ለመቀየስ ይረዳል።ያሉ ችግሮችን በመለየት ለሚመለከታቸዉ ለመፍትሄ ሰጭ አካላት ያቀርባል።

ከእርስዎምናገኘዉማንኛዉምመልስበሚስጥርእንጠብቃለን።ከዚህጥናትጋርበተያያዘበማንኛዉምቦታናጊዜስምዎእን ደማይመዘገብናእንደማይጠቀስምልንገልፅልዎትእንወዳለን።

በጥናቱየምናሳትፍዎየርስዎሙሉፈቃደኝነትስናገኝብቻነዉ።በመጠይቁላመሳተፍወይምበመጠይቁሂደትሊመልሱትየ ማይፈልጉትንጥያቂወችንያለመመለስመብትዎየተጠቀነዉ።በመጠይቁላመሳተፍከወሰነብግምትከ30-40 ደቂቃሊፈጅብዎትይችላል።

በመጠይቁላመሳተፍፈቃደኝነዎት?

- 1. አዎፈቃደኝነኝ .....( ) መጠይቁይቀጥላል።
- 2. የለምፈቃደኝአይደለሁም።ወደሌላተሳታፊመሸጋገር።

**ስለ ትብብርዎ በቅድሚያ አመሰግናለሁ !**

መጠይቁንመሙላትየተጀመረበትሰዓት..... የተጠናቀቀበትሰዓት.....

- 01. የመጠይቁኮድ.....
- 02. የሚሰሩበት ድርጅት ዓይነት.....

መጠይቁየተሞላበትቀን .....

የመረጃስብሳቢዉስም .....

የመረጃስብሳቢዉፊርማ .....

አንዳንድ ጥያቄ የግል ጉዳይሽን ና ስሜትሽን የሚመለከት ሊሆን ይችላል ፡፡ ሆኖም ግን ለጥያቄዎቹ የምትሰጡ መልስ ለዚህ ጥናት በጣም አስፈላጊ መሆኑን ልገልጽልሽ እወዳለሁ፡፡ ያልገባሽ ጥያቄ ካለ እንዲብራራልሽ መጠየቅ ትችያለሽ፡፡ ከዚህ ቀጥሎ የምጠይቅሽ ጥያቄዎች ይግል ሁኔታሽን የሚመለከት ነው፡፡

**ክፍል አንድ፡ አጠቃላይ የማህበራዊ ሁኔታ መረጃ**

ተራ. ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ይሄዱ	መልስ
101	እድሜሽ ስንት ነው?	-----		
102	ያደግሽዉ የጥ ነው?	1. ገጠር 2. ከተማ		
103	የትምህርት ደረጃ	ማንበብና መፃፍ የማይችሉ ማንበብና መፃፍ የሚችሉ አንደኛ ደረጃ ያጠናቀቁ ሁለተኛ ደረጃ ያጠናቀቁ በላይ		
104	ሐይማኖት	ኦርቶዶክስ እስላም ፕሮቴስታንት ሌላ ካለ ይገለፅ -----		
105	ብሄርሽ ምንድን ነው?	1. አማራ 2. ትግሪ 3. ኦሮሞ 4. ሌላ ካለ ይገለጽ... ..		
106	የጋብቻ ሁኔታ	ያላገባች ያገባች የፈታች በሞት የተለያዩ የተለያዩ		
107	ልጅ ወልደሽ ታወቁለሽ ዉይ?	1. አዉ 2. የለም	መልሰዎ (2) ከሆነወደ 109	
108	መልሰዎ አዎ ከሆነ በአሁኑ ሳኦት ስንት ልጆች አለዎት?	1. ምንም 2. አንድ 3. ሁለት 4. ሶስት 5. አራት እና ከዚያ በላይ		
109	በስረሽ የምትረጃቸዉ የቤተሰብ ብዛት	.....		
110	ከሴተኛ አዳሪነት ዉጭ ዋነዉ ስራሽ ምንድን ነው?	.....		
111	ሴተኛ አዳሪ ሁነሽ ለስንት አመት ሰራሽ?	1. ከአንድ አመት በታች 2. አንድ አመት 3. ሁለት አመት 4. ሶስት አመት 5. አራት አመት እና ከዚያ በላይ		
112	ሴተኛ አዳሪነት ስራ የት ነዉ የጀመርሽዉ?	1. ገጠር አካባቢ 2. ከተማ		
113	ሴተኛ አዳሪ ለመሆን ምክንያትሽ ምን ነበር?	<div style="display: flex; justify-content: space-between;"> <span></span> <span>አዎ</span> <span>አይደለም</span> </div> <div> <div>1. የገንዘብ ችግር</div> <div>2. በአገገ ግፊት</div> <div>3. ስራ በማጣቴ</div> <div>4. ቤተሰቦቹ ስለሞቱ</div> <div>5. ቤተሰቦቹ ስለተፋቱ/ስለ ተለያዩ</div> <div>6. ከቤተሰቦቹ ጋር ስለአልተስማማዉ</div> <div>7. ሌላ ካለ ይጠቀሱ. ....</div> </div> <div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> </div> <div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> </div>		
114	ወርሀዊ ወይም የቀን ገቢሽ ስንት ነው?	.....		
115	ቤተሰቦቹሽ የሚተዳደሩት በምን ነበር?	1. በግብረና		

		2. በቀን ስራ 3. በመንግሥት ስራ 4. በንግድ 5. ሽፍርና 5. ሌላ ካለ ይጠቀስ.....		
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**ክፍል ሁለት ፤ ስለ ኤች አይ ቨ/ኤድስ የአባላዘር በሽታ ፤ ስለ ኮንዶም አጠቃቀም እዉቀትን በተመለከተ ጥያቄ**

ተራ. ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ይሄዱ.	መልስ
201	ስለ ኤች አይ ቨ /ኤድስ መተላለፊያ መንገዶች ታዉቂያለሽ ወይ?	1.አዎ 2.አላዉቅም 3.መልስ የለም	መልስዎ( 2) ወደ 203	
202	መልስዎ አዎ ከሆነ ምንም ናቸዉ?	አዎ አደረሰም 1.ጥንቃቄ የጎደለዉ ግንኙነት መፈረም 1 2 3.ብዙ የወሲብ ኃድኛ ጋር መኖር 1 2 2.ከእናት ወደልጅ 1 2 3.ቨይረሱ ያለበት ደም በመቀበል /በመለገስ 1 2 4.ስለታማ ነገሮችን በጋራ በመጠቀም (ምላጭ፣መርፊ, ወዘተ) 1 2 5.ሌላ ካለ ይጠቀስ.....		
203	ስለ ኤች አይ ቨ /ኤድስ መከላከያ መንገዶች ታዉቂያለሽ ወይ?	1.አዎ 2.አላዎቅም	መልስዎ( 2) ወደ 205	
204	መልስዎ አዎ ከሆነ ምንምን ናቸዉ?	አዎ አደረሰም 1.መታቀብ 1 2 2.አንድ ለአንድ መወሰን 1 2 /ብዙ የወሲብ ኃድኛ ቁጥርን መቀነስ/ 3.ኮንዶም በመጠቀም 1 2 4.ስለታማ ነገሮችን በጋራ መጠቀምን መሰወገድ 1 2 6.ሌላ ካለ ይጠቀስ.....		
205	ስለ አባላዘር በሽታ መተላለፊያ መንገዶች ታዉቂያለሽ ወይ?	1.አዎ 2.አላዎቅም	መልስዎ( 2) ወደ 207	
206	መልስዎ አዎ ከሆነ ምንም ናቸዉ?	አዎ አደረሰም 1.ጥንቃቄ በጎደለዉ ወሲብ ግንኙነት 1 2 2. ብዙ የወሲብ ኃድኛ መኖር 1 2 3..ከእናት ወደልጅ 1 2 4.ቨይረሱ ያለበት ደም በመቀበል /በመለገስ 1 2 5.ሌላ ካለ ይጠቀስ.....		
207	ስለ አባላዘር በሽታ መከላከያ መንገዶች ታዉቂያለሽ ወይ?	1.አዎ 2.አላዎቅም	መልስዎ( 2) ወደ 209	
208	መልስዎ አዎ ከሆነ ምንም ናቸዉ?	አዎ አደረሰም 1.መታቀብ 1 2 2. ኮንዶም መጠቀም 1 2 3. ብዙ የወሲብ ኃድኛ ቁጥርን ማሰወገድ 1 2 4. የተቀቀሉ/ተጠቅመንባቸዉ ወዲያዎኑ የሚወገዱ መረፊወችን መጠቀም 1 2 5.ሌላ ካለ ይጠቀስ.....		
209	በአባላዘር በሽታ የተያዘ ሰዉ ለኤች አይቪ ኤድስ የመያዝ አድሉ እንደሚጨምር ታዉቂያለሽ?	1.አዎ 2.አለዉቅም		
210	የአባላዘር በሽታ ምልክቶችን ታዉቂያለሽ?	1.አዎ		

		2.አላወቅም		
211	ለጥያቄ 210 መልሰሽ አዎ ከሆነ ምንምን አይነት ምልክቶችን ታወቁለሽ?	አዎ አይደለም 1.የሆድ ህመም 1 2 2.ከብልት የሚወጣ ፈሳሽ 1 2 3.ከብልት ውስጥ የሚወጣ ሽታ ያለው ፈሳሽ 1 2 4.በመሽኛ ብልት ላይ የሚቃጠል ስሜት 1 2 5. በብልት ላይ የመቁሰል እና የማዝገት ምልክት 1 2 6.በብልት አካባቢ የማበጥ ምልክት 1 2 7.ከዚህ ሌላ ካለ ይጠቀሱ.....		
212	ስለኮነዶም ሰምተሽ ተወቁለሽ?	1.አዎ 2.አላወቅም	መልሰም(2) ወደ 301	
213	መልሰም አዎ ከሆነ ከየት ነው መረጃውን ያገኛት/የሰሙት?	አዎ አይደለም 1.ከጤና ባለሙያ 1 2 2.ከጎድኞቹ 1 2 3.ከደንበኞቻቸው 1 2 4.ከጤና ደርጅት 1 2 5.ከብዙሀን መገናኛ 1 2 6.ከቤተሰቦቻቸው 1 2		
214	ኮንዶም አይተሽ ታወቁለሽ?	1.አዎ 2.አላወቅም		
215	ስንት አይነት ኮንዶም ታወቁለሽ?	1.የወንድ 2. የሴት		
216	ኮንዶም በአግባቡ መጠቀም ትችያለሽ?	1.አዎ 2.አልችልም		
217	ኮንዶም ተጠቅመሽ ታወቁለሽ	1.አዎ 2.አላወቅም	መልሰም(2) ወደ 221	
218	የትኛውን የወሲብ ዓይነት ፈጽመሽ ታወቁለሽ?	አዎ አይደለም 1.በሴት ብልት 1 2 2.በፊንጣጣ 1 2 3.በአፍ 1 2		
219	መልሰሽ አዎ ከሆነ በየትኛው አይነት ወሴብ ነው ኮንዶም የምትጠቀሟል?	አዎ አይደለም 1.በሴት ብልት 1 2 2.በፊንጣጣ በሚደረግ ወሴብ 1 2 3.በአፍ በምደረግ ወሴብ 1 2		
220	የትኛውን የኮንዶም አይነት ነው ብዙ ጊዜ የምትጠቀሟል?	1.የወንዱን 2.የሴቱን 3.ሁሉንም		
221	ለጥያቄ 217 መልሰም አዎ ከሆነ በአለፈው ወር ኮንዶም አጠቃቀምሽ እንዲት ነበር?	1.ሳላቋርጥ 2.አንዳንድ ጊዜ 3.አንደ ጊዜ ብቻ		
222	ኮንዶም ለኤች አይቪ መተላለፊያ ምንጭ ሊሆን ይችላል?	1.አዎ 2.አለስብም		
223	ኮንዶምን ለምንድነው የምትጠቀሟል?	አዎ አይደለም 1.ኤችይቪን ለመከላከል 1 2 2.የአባላዘር በሽታን ለመከላከል 1 2 3.ያልተፈለገ እርግዝናን ለመከላከል 1 2		
224	ለኤች አይቪ /ኤድስ እና ለ አባላዘር በሽታ ተጋላጭ ነኝ ብለሽ ታሰቢያለሽ?	1.አዎ 2.አላስብም		
225	አዎ ከሆነ መልሰም ለምን?	አዎ አይደለም 1.ጥንቃቄ ያልተሞላበት ወሴብ ስለምፈፅም 1 2 2.ብዙ የወሴብ ጎድኞች ስላሉኝ 1 2 3.ኮንዶም ተሸሠራቶብኝ ስነሚያወቅ 1 2		

		4.ኮንዶም ተቀድብኝ ስለሚያወቅ	1	2		
226	መልሰዎ አዎ ከሆነ ኮንዶም ለመጠቀም ያበረታታሃል/ያነሳሳሃል?	1.አዎ 2.አያነሳሳኝም				

**ክፍል ሶስት፤ የአገልግሎት አጠቃቀምን በተመለከተ**

ተራ. ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ይሄዱ	መልስ
301	ጤና ተቋም በአካባቢው በምትሰራበት በምትኖሪበት አካባቢ አለ ?	1.አለ 2.የለም		
302	የስነተምልዶ ጤና አገልግሎት ተጠቅመሽ ተገልግለሽ/አግኝተሽ ታወቁለሽ?	1.አዎ 2.አልተጠቀምኩም		
303	በአካባቢሽ ስለ ኤችአይቪ/ ኤድስ መረጃ የምታገኝበት አማራጭ አለ?	1.አለ 2.የለም		
304	የኤች አይቪ/ኤድስ መከላከል ና መቆጣጠር በሚሰራ ፕሮግራም ላይ ተሳትፈሽ ታወቁለሽ?	1.አዎ 2.ተሳትፈ አላወቅም		
305	ኮንዶም በፈለግሽ ስዓት ማግኘት ትችያለሽ?	1. አዎ 2.አላገኝም		
306	ኮንዶም የት እንደምታገኝ የሚገኝበትን ቦታ ታወቁለሽ?	1.አዎ 2.አላወቅም		
307	ኮንዶም በምትሰራበት ቦታ ማግኘት ተችያለሽ?	1.አዎ 2.አላገኝም		
308	ኮንዶም ስራ ቦታሽ አካባቢ መኖሩን ትወጅዎለሽ?	1.አዎ 2.አለወደወም		
309	ኮንዶም ከየትኛው ቦታ/ሰው እንደሚገኝ ና ማግኘት እንደምትችይ ታወቁለሽ?	<div style="display: flex; justify-content: space-between;"> <span>አዎ</span> <span>አላወቅም</span> </div> 1. ከሱቅ 1 2 2.ከመድሀኒት ቤት 1 2 3.ከጤና ተቋም 1 2 4.ከሆቴል 1 2 5.ከጋድፋ 1 2 6.ከጤና ባለሙያ 1 2		
310	የትኛውን አይነት ኮንዶም በቀርብ ታገኛለሽ?	1.የወንድ 2. የሴት		
311	በአለፈዉ 12 ወር የኤችአይቪ/ኤድስ ምርመራ አድርገሽ ታወቁለሽ?	1.አዎ 2.አለደረሁም		
312	ለመመርመር ምክንያትሽ ምን ነበር?	<div style="display: flex; justify-content: space-between;"> <span>አዎ</span> <span>አይደለም</span> </div> 1.እራሴን ለመወቅ 1 2 2.በህመም ምክንያት 1 2 3.ሰለከረደዝኩኝ/ኩብሰጡር ሆኖ 1 2 4.ደም ለመለገስ 1 2		
313	ኤችአይቪ/ኤድስ መመርመር ኮንዶም እንድትጠቀሟ ያበረታታል ብለሽ ታስቢላሽ?	1.አዎ 2.አያበረታታም		

ክፍል አራት ከወሲብ ባህሪ ጋር ተያያዥነት ያላቸው ጉዳዮች

ተራቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ይሄዱ	መልስ
401	በስንት ዓመትሽ ነዉ የግብረሰጋ ግንኙነት የጀመርሽ?	1.ዕድሜ..... 2.አላሳስታዉስም		
402	ባለፈዉ አንድ ወር የግብረሰጋ ግንኙነት አድርገሻል?	1.አዎ 2.አለደረኩም	መልስዎ(2) ወደ 419	
403	በዓለፈዉ ወር ከስንት የወሲብ ደንበኛ ጋር ወሲብ ፈጽመሻል?	.....		
404	በዓለፈዉ ሳምንት ከስንት የወሲብ ደንበኛ ጋር ወሲብ ፈጽመሻል?	.....		
405	በዓለፈዉ ሶስት ቀን ከስንት የወሲብ ደንበኛ ጋር ወሲብ ፈጽመሻል?	.....		
406	በዓለፈዉ አንድ ቀን ከስንት የወሲብ ደንበኛ ጋር ወሲብ ፈጽመሻል?	.....		
407	በዓለፈዉ ወር ከሁሉም ከወሲብ ደንበኛ ጋር ወሲብ ስትፈፅሟ ያለኮንዶም ወሲብ ፈጽመሻል?	1.አዎ 2.አልፈጸምኩም		
408	በዓለፈዉ ሳምንት ከሁሉም ከወሲብ ደንበኛ ጋር ወሲብ ስትፈፅሟ ያለኮንዶም ወሲብ ፈጽመሻል?	1.አዎ 2.አልፈጸምኩም		
409	በዓለፈዉ ሶስት ቀን ከሁሉም ከወሲብ ደንበኛ ጋር ወሲብ ስትፈፅሟ ያለኮንዶም ወሲብ ፈጽመሻል?	1.አዎ 2.አልፈጸምኩም		
410	በዓለፈዉ አንድ ቀን ከሁሉም ከወሲብ ደንበኛ ጋር ወሲብ ስትፈፅሟ ያለኮንዶም ወሲብ ፈጽመሻል?	1.አዎ 2.አልፈጸምኩም		
411	በዓለፈዉ ወር ለመጀመሪያ ጊዜ ከመጣ ደንበኛሽ (ቋሚ ካልሆነ ደንበኛሽ) ጋር የለኮንዶም ወሲብ ፈጽማችዎል?	1.አዎ 2.አልፈጸምኩም		
412	በዓለፈዉ ወር ቋሚ ከሆነ ደንበኛሽ ጋር የለኮንዶም ወሲብ ፈጽማችዎል?	1.አዎ 2.አልፈጸምኩም 3.አላሳስታዉስም		
413	በዓለፈዉ ወር ከወንድ ጎድኛሽ/ባልሽ ጋር የለኮንዶም ወሲብ ፈጽማችዎል?	1.አዎ 2.አልፈጸምኩም		
414	በዓለፈዉ ወር ቋሚ ካልሆነ ደንበኛሽ:ቋሚ ከሆነ ደንበኛሽ ና ከወንድ ጎድኛሽ/ባልሽ ጋር የለኮንዶም ወሲብ ፈጽማችዎል?	1.አዎ 2.አልፈጸምኩም 3.የወንድ ጎድኛ የለኝም		
415	በዓለፈዉ ወር ወሲብ ስትፈጽሟ የኮንዶም መፈንዳት አጋጥሞሽ ነበር?	1.አዎ 2.አላጋጠመኝም		
416	በዓለፈዉ ወር ወሲብ ስትፈጽሟ የኮንዶም መንሸራተት አጋጥሞሽ ነበር?	1.አዎ 2.አላጋጠመኝም		
417	በዓለፈዉ ወር በሁሉም ዓይነት በደንበኞችሽ ኮንዶም በብልታቸዉ ላይ እንድታጠልቁ ተጠይቀሽ ታዉቂያለሽ?	1.አዎ 2.አልተጠየኩም	መልስዎ(2) ወደ 421	
418	መልስዎ አዎ ከሆነ በሃሳቡ ተሰመምተዋል?	1.አዎ 2.አልተሰማመዉም		
419	ኮንዶም እንድትጠቀሙ ሀሳብ ያመጣዉ ማነዉ?	አዎ አይደለም 1.እኔ 1 2 2.ደንበኛዬ 1 2 3.በጋራ በመወያየት 1 2		
420	የተጠቀማችዉበትን ኮንዶም ያመጣዉ ማነዉ?	አዎ አይደለም 1.እኔ 1 2		

		2.ደንበኛዮ	1	2		
		3.ከምኝታ ቤቱ	1	2		
421	በአብዛኛው ደንበኞችሽ እነማን ናቸው?	አዎ አይደለም				
		1.ሹፌር	1	2		
		2.ነጋዴ	1	2		
		3.የቀን ሰራተኛ	1	2		
		4.የመንግሥት ሰራተኛ	1	2		
		5.ተማሪዎች	1	2		
		5. ሌላ ከላ ይጠቀስ.....				
422	ከየትኛው ደንበኞችሽ ጋር ሁል ጊዜ በአግባቡና በትክክል ኮንዶም ትጠቀሚያለሽ?	አዎ አይደለም				
		1.ቋሚ ካልሆነ ደንበኛ ጋር	1	2		
		2.ከቋሚ ደንበኛዮ ጋር	1	2		
		3.ከወንድ ጎድኛዮ/ባሌ ጋር	1	2		
		4.ከሁሉም ጋር	1	2		
		5.ሌላ ካለ ይጠቀስ.....				
423	ለምን ነበር ያለ ኮንዶም ወሲብ የፈጸምሽዉ?ከአንድ በላይ መመለስ ይቻላል::	አዎ አይደለም				
		1) ኮንዶም በቅርብ ስለለለ	1	2		
		2) የኮንዶም ዋጋ ውድ ስለሆነ	1	2		
		3) ስለመደመቻኝ	1	2		
		4) ደንመኛዮ አሰገድዶኝ	1	2		
		5) ለአርካታ	1	2		
		6) ብዙ ስለከፈልኝ	1	2		
		7) ስለቸኩልን	1	2		
		8) ለመግዛት ስላፈረኩ	1	2		
		9) ሌላ የወሊድ መቆጣጠሪያ ስለምጠከም	1	2		
		10) ኮንዶም መጠቀም ስለማለፈለግ	1	2		
		11) ደንበኛዮን በሽታ የለበትም ብዮ ስለአሰብኩ/ስለማምነዉ	1	2		
		12) ጠጥቻ ስለነበር	1	2		
		13) ቅሚ ስለነበር	1	2		
		14) ሌላ መድሀኒት ስለተጠቀምኩ	1	2		
		15) ኮንዶም ኤች አይ ቪ/ኤድስን ይከላከላል ብዮ ስለማላምነ	1	2		
		16) ኮንዶም አጠቃቀም ስለማልቸል	1	2		
		17) በተደጋጋሚ ኮንዶም ስለተቀደደብኝ	1	2		
		18) ስሜትን ስለሚቀነስ	1	2		
		19) ለማረድዝ ስለምፈለግ	1	2		
		20) ሌላ ካለ ይጠቀስ.....				
424	በአማካኝ ለአንድ ቀን አዳር ስንት ነዉ የምታሰከፍይዉ?					
		.....				
425	በዓለፈዉ ወር አልኮል ጠጥተሽ ታወቁለሽ?	1.አዎ 2.አላዉቅም				
426	መለሰዎ አዎ ከሁነ በየስንት ጊዜዉ ትጠራለሽ?	አዎ አይደለም				
		1.በየቀኑ	1	2		
		2.በሳምንት ቢያንስ አንድ ጊዜ	1	2		
		3.በሳምንት ከአንድ ጊዜ በታች	1	2		
		4 በሳምንት ከሁለት እስከ ሶስት ጊዜ	1	2		
		4.ከአገኘዉ ሁልጊዜ	1	2		
427	አልኮል ጠጥተሽ ኮንዶም በአግባቡ መጠቀም ትችያለሽ?	1.አዎ 2.አልችልም				
428	ከአለኮል ዉጭ ሌላ መድሃኒት ወሰደሽ ታቀዉቁለሽ?	1.አዎ 2.አላዉእም				
429	መለሰዎ አዎ ከሆነ ኮንዶም ለመጠቀም ችለሻል?	1.አዎ 2.አልተጠቀምኩም				

## ክፍል አምስት፤ ጾታዊ ጥቃት

ተራ. ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ይሄዱ	መልስ
501	በአለፈዉ ወር ጾታዊ ጥቃት ደረሱበሽ ያውቃል?	1.አዎ 2.አላጋጠመኝም		
502	ምን ዓይነት ጥቃት ነዉ የተፈጸመብሽ?	<div> <div>አዎ</div> <div>አይደለም</div> </div> <div> <div>1.አካላዊ</div> <div>1</div> <div>2</div> </div> <div> <div>2.የወሲብ</div> <div>1</div> <div>2</div> </div> <div> <div>3.ስነ ልቦናዊ</div> <div>1</div> <div>2</div> </div> <div> <div>4.ጠለፋ</div> <div>1</div> <div>2</div> </div> <div> <div>5.ሌላ ካለ ይጠቀስ.....</div> </div>		

የተጠናቀቀበት ሰዓት.....

ስለሰጡኝ መረጃ ከልብ አመሰግናለሁ !!!



**ጎንደር ዩኒቨርሲቲ**

**ህክምናና ጤና ሳይንስ ኮሌጅ**

**የህብረተሰብ ጤና አጠባበቅ ኢኒሰትትውት/ተቋም/**

**የፍቃደኝነት ማረጋገጫ ቅጽ**

ይህ መጠይቅ የተዘጋጀው በጎንደር ከተማ በተለያዩ ተቋማት ለሚገኙ በወሲብ ስራ ላይ ለተሰማሩ ሴት ሴተኛ አዳሪዎች ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክንያቶችን ለማጥናት ታስቦ የተዘጋጀ ጥናት ነው።

**ጤና ይስጥልኝ**

ወ/ሪት/አቶ ..... እባላለሁ። ከዚህ የተገኘሁት ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክንያቶች ላይ በመጠይቅ መረጃዎችን ለመሰብሰብ ነው። የጥናቱ ውጤት በአገራችን ያለውን ኤች.አይቪ /ኤድስ ስርጭትን ለመቀነስ በተለይም በወሲብ ስራ ላይ የተሰማሩ ሴት እህቶቻችን የኮንዶም አጠቃቀምን ለማሻሻል እና ምክንያቶች የመፍትሄ ስልቶችን ለመቀየስ ይረዳል። ያሉ ችግሮችን በመለየት ለሚመለከታቸው KSõfH@ cß ፡ካLf Ák`vM።

ከእርስዎ የምናገኘው ማንኛውም መልስ በሚስጥር እንጠብቃለን። ከዚህ ጥናት ጋር በተያያዘ በማንኛውም ቦታና ጊዜ ስምዎ እንደማይመዘገብና እንደማይጠቀስም ልንገልፅልዎት እንወዳለን።

በጥናቱ የምናሳትፍዎ የርስዎ ሙሉ ፈቃደኝነት ስናገኝ ብቻ ነው። በመጠይቁ ላመሳተፍ ወይም በመጠይቁ ሂደት ሊመልሱት የማይፈልጉትን ጥያቄዎችን ያለመመለስ መብትዎ የተጠበቀ ነው። በመጠይቁ ለመሳተፍ ከወሰኑ በግምት ከ30-40 ደቂቃ ሊፈጅብዎት ይችላል።

በመጠይቁ ለመሳተፍ ፈቃደኛ ነዎት?

- 3. አዎ ፈቃደኛ ነኝ ..... ( ) መጠይቁ ይቀጥላል።
- 4. የለም ፈቃደኛ አይደለሁም። ወደ ሌላ ተሳታፊ መሸጋገር።

**ስለ ትብብርዎ በቅድሚያ አመሰግናለሁ !**

**ለሴተኛ አደሪዎች በድምጽ መቅረጽ መረጃ ማሰባሰቢያ የመወያያ መነሻ ጥያቄዎች መመሪያ**

**የጥናቱ ርዕስ ፡** ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክኒያቶች በጎንደር ከተማ ለማጥናት፡፡

የሚሰሩበት ድርጅት ዓይነት.....

የአመቻቹ ስም .....

ረዳት አመቻች.....

ቀን .....የወሰደው ጊዜ .....የድምጽ ቀረጸው ኮድ .....

**ክፍል አንድ፡ አጠቃላይ የማህበራዊ ሁኔታ መረጃ**

1. እድሜ
2. የትምህርት ሆኔታ
3. የጋብቻ ሆኔታ
4. የቤተሰብ መተዳደሪያ
5. ወደ ሴተኛ አዳሪነት ስራ የገባሽበት ምክንያቶች ምን ምን ናቸው?
6. በሴተኛ አዳሪነት ስራ ስንት ጊዜ ሆነሽ?
7. ከወሲብ ስራ ለአንድ ቀን የምታገኝዉ ገቢ
8. ወርሀዊ ገቢሽ ስንት ነዉ?

**ክፍል ሁለት ፣ ስለ ኤች አይ ቫ/ኤድስ የአባላዘር በሽታ ፣ ስለ ኮንዶም አጠቃቀም እውቀትን በተመለከተ**

1. ስለ ኤች አይ ቫ /ኤድስ መተላለፊያ ና መከላከያ መንገዶች ታወቁያለሽ ወይ? መልሰሽ አዎ ከሆነ
  - ምን ምን መተላለፊያ መንገድ ተወቂለሽ?
  - ምን ምን መከላከያ መንገድ ተወቂለሽ?
2. ስለ አባላዘር በሽታ መተላለፊያና መከላከያ መንገዶች ታወቁያለሽ ወይ? መልሰሽ አዎ ከሆነ
  - ምን ምን መተላለፊያ መንገድ ተወቂለሽ?
  - ምን ምን መከላከያ መንገድ ተወቂለሽ?
3. የአባላዘር በሽታ ምልክቶችን ታወቁለሽ? መልሰሽ አዎ ከሆነ ምን ምን ናቸው? በአባላዘር በሽታ የተያዘ ሰው ለኤች አይቪ ኤድስ የመያዝ አድሎ እንደሚጨምር ታወቁያለሽ? አወ ከሆነ ለምን?
4. ለኤች አይቪ /ኤድስ እና ለ አባላዘር በሽታ ተጋላጭ ነኝ ብለሽ ታሰቢያለሽ? መልሰሽ አዎ ከሆነ ለምን? አይደለም ከሆነ ለምን?
5. ኮንዶም ታወቁለሽ ? መልሰሽ አዎ ከሆነ ምንምን ነገሮችን ስለኮነዶም ታወቁለሽ?

**ክፍል ሶስት፤ የአገልግሎት አጠቃቀምን በተመለከተ**

1. የስነተምልዶ ጤና አገልግሎት ተጠቅመሽ/ ተገልግለሽ/አግኝተሽ ታወቁለሽ? አዎ ከሆነ ምን ምን አገልግሎት አግኝተሽ ታወቁለሽ? ለምን?
2. በአካባቢሽ ስለ ኤችአይቪ/ ኤድስ መረጃ የምታገኝበት አማራጭ አለ? አወ ከሆነ ምን ምን መረጃ ታገኛለሽ?
3. በአለፈው 12 ወር የኤች አይ ቪ/ኤድስ ምርመራ አድርገሽ ታወቁለሽ ወይ? አዎ ከሆነ ምክንያትሽ ምን ነበር? መመርመር ኮንዶም ለመጠቀም ያበረታታል ወይ? አዎ ከሆነ እነዴት?

**ክፍል አራት ከወሲብ ባህሪ ጋር ተያያዥነት ያላቸው ጉዳዮች**

1. ኮንዶም ተጠቅመሽ ታወቁለሽ? በአሁኑ ስዓትስ ትጠቀሚያለሽ? ሳይቆራረጥ ነዉ ወይንስ? ይቆራረጣል?
2. ወሲብ በምትፈጽሚበት ጊዜ የኮንዶም አጠቃቀምሽ እንዴት ነዉ?
  - በአጠቃላይ
  - ቋሚ ካልሆነ ደንበኛ ጋር
  - ከቋሚ ደንበኛ ጋር
  - ከወንድ ጎድኛ/ባል ጋር

3.የወሲብ ደንበኛ ቁጥር በለፈዉ አንድ ወር.....ሳምንት.....ሶስት ቀን.....አንድ ቀን.....

4. ወሲብ በምትፈጽሚበት ጊዜ የኮንዶም አጠቃቀምሽ በለፈዉ አንድ ወር ሳምንት ሶስት ቀን አንድ ቀን እንዴት ነበር?

- በአጠቃላይ
- ቋሚ ካልሆነ ደንበኛ ጋር
- ከቋሚ ደንበኛ ጋር
- ከወንድ ጎድኛ/ባል ጋር

5. በአለፈዉ ወሲብ ስትፈጽሚ ኮንዶም እንድትጠቀሙ ሀሳብ ያመጣዉ ማነዉ? ኮንዶሙን ያጠለቀዉ ማነዉ? አንች ከሆንሽ ለምን? ካልሆነስ ለምን?

6. ከየትኛዉም የወሲብ ደንበኛሽ (ቋሚ ካልሆነ፡ቋሚ ከሆነ እና ከወንድ ጎድኛ/ባል)ጋር ኮንዶም ካልተጠቀምሽ ፡ ኮንዶም ላለመጠቀም ምክንያትሽ ምን ነበር?

7. በሴት ብልት ከሚደረገዉ ወሲብ ዉጭ ወሲብ ፈጽመሽ ታወቁለሽ? እና የኮንዶም አጠቃቀምሽ ምን ይመስላል??

8. በወሲብ ወቅት ኮንዶም ተቀዶብሽ እና ተንሽራቶብሽ ያዉቃል? ከሆነ ምን ያክል የተለመደ ነዉ?

9. ከምትፈጽሚያቸዉ የወሲብ አይነት ጋር የምታስክፍይዉ ክፍያ ምን ይመስላል? እና የኮንዶም አጠቃቀምሽስ?

10. መድሀኒት/ዕጽ/ ተጠቅመሽ/ወስደሽ ተወቁለሽ? አወ ከሆነ ምን ምን በድሀኒት ወስደሽ ታወቁለሽ? ለምን ያክል ጊዜ? መድሀኒት የምትወስድበት ምክንያት ምን ምን ናቸዉ?

11.ትቅሚለሽ፡ታጨሻለሽ፡ትጠጫለሽ? የወሲብ ሁኔታ ከቃምሽ፡ ከአጨስሽ፡ ከጠጣሽ በኋላ ምን ይመስላል? ኮንዶም አጠቃቀምሽስ ምን ይመስላል?

12. አልኮል ወስደሽ/ተጠቅመሽ ኮንዶም መጠቀም ትችያለሽ? ሰትጠጭ ትሰክራያለሽ? ሰክረሽስ ኮንዶም አጠቃቀምሽ ምን ይመስላል?

13. የወሲብ ፊልም ታያለሽ? እና የወሲብ ፊልም መየት እና ጥንቃቄ የጎደለው ግብረሰጋ ግንኙነት ከማድረግ አንጻር ምን ይመስላል?

14.ጠጥተው ከሰከሩ እና ከሌሎች ደንበኞችሽ ጋር ስለ ኮንዶም አጠቃቀም እና እንድትጠቀሙ መደራደር ትችያለሽ ወይ? ከሆነ እንዲት?

15. ኮንዶም ሳትጠቀሙ ወሲብ የፈጽምሽበት ሁኔታ አለ? ከሆነ እንዲት እና በምን ሆኔታ?

16. ወሲብ ስትፈጽሙ ያለኮንዶም እንደትፈጽሙ የጠየቀሽ ደንበኛ የለም? ቋሚ ያልሆነ፡ቋሚ የሆነ፡ጋድኛ/ባል

17. የኮንዶም አቅርቦት ችግር አለ ብልሽ ታሰቢለሽ? የት ነው የምታገኝው?

18.ስለ ኮንዶም ዓይነት፡የአገልግሎት ጊዜ፡የኮንዶም መገኛ ኮንዶምን ለማግኘት ምን ያክል ደቂቃ እንደሚወስድ ታውቁለሽ;

19. በብዛት ደንበኞችሽ እነማን ናቸው? የትኖቹ ኮንዶም ለመጠቀም ያስቸግሩሻል?

20. ኤች አይ ቪ/ኤድስ መከላከልና መቆጣጠር ላይ በሚሰራ ስራ ተሳትፈሽ ታውቁለሽ? በመሳተፍሽ ምን ምን አገኘሽ?

**ክፍል አምስት፤ ጾታዊ ጥቃት**

1. ሴተኛ አዳሪ ሁነሽ ስትሰራ ጾታዊ ጥቃት ደረሰብሽ ያዉቃል? በአለፈው አንድ ወርስ ጥቃት ደርሶብሻል ወይ? አዎ ከሆነ ምን ምን ዓይነት? እና ለምን ይመልሻል ጾታዊ ጥቃት የደረሰብሽ?

- አካላዎ
- ጾታዎ/ወሲብ ያለ ኮንዶም
- የስነ ልቦና
- ጠለፋ

## **Annex II. Information Sheet and Consent Form**

Title of the Research Project

Utilization of Condom and associated factors among Female sex workers in Gondar town, Northwest Ethiopia 2014

Name of Principal Investigator: Masresha Molla

Name of the Organization: University of Gondar, Gondar College of Medicine and Health Sciences, Institute of Public Health.

Name of the Sponsor: .....

Information sheet and consent form Prepared prior to the study for female sex worker who participate in this Research Project.

### **Introduction**

This information sheet and consent form is prepared with the aim of determining the Utilization of Condom and associated factors among Female sex workers in Gondar town, Northwest Ethiopia. The research group includes the principal investigator and two advisors from University of Gondar.

### **Purpose of the Research Project**

The aim this study is to Determine Utilization of Condom and associated factors among Female sex workers in Gondar town, Northwest Ethiopia. Assessing factors affecting Utilization of Condom is important to increase the consistent utilization of condom. The results of this study will be used to guide policy directions and to develop the required capacities for the design and implementation of the scaling up intervention programs of in MARPS focused HIV/AIDS and STI prevention programs and also addresses associated factors among Female sex workers in Gondar town.

## Procedure

The study involves FSWs in the town. You are selected to be one of the study participants if you are willing to take part in this study and we kindly invite you to take part in our project. If you are willing to participate, we are so happy and we need you to clearly understand the aim of this study and show your agreement. Finally you are kindly requested to give your genuine response in the interview.

## Benefits, Risk and /or Discomfort

By participating in this research project you may feel some discomfort in wasting your time (a maximum of 30-40 minute). However, your participation is definitely important to assess how much the FSWs utilization of condom and identify factors affecting the utilization of condom. There is no risk or direct benefit in participating in this research project.

## Incentives/Payments for Participating

You will not be provided any incentives or payment to take part in this project.

## Confidentiality

The information collected from you will be kept confidential and stored in a file, without your name by assigning a code number to it. And hence no report of the study ever identifies you.

## Right to Refusal or Withdraw

You have the full right to refuse from participating in this research. You have also the full right to withdraw from this study at any time you wish.

### **Person to contact**

This research project will be reviewed and approved by the ethical committee of the University of Gondar. If you have any question you can contact the following individual and you may ask at any time.

Name: Masresha Molla Tele: (+251) 920256310

Email: [masrehamolla18@yahoo.co](mailto:masrehamolla18@yahoo.co)

1. Mr. Gizachew Assefa (Bsc, MPH )      Tele: (+251) 912009978
2. 2. Mr. Getahun Kebede (Bsc, MPH)      Tele: (+251) 913379518

## **የመረጃ መስጫና ስምምነት መጠየቂያ ቅጽ**

በጎንደር ከተማ በተለያዩ ተቋማት ለሚገኙ በወሲብ ስራ ላይ ለተሰማሩ ሴተኛ አዳሪዎች ስለ ኮንዶም ኤብሊት እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክንያቶችን ለማወቅ ለሚደረገው ጥናት የመረጃ መስጫ እና ለስምምነት መግለጫ የተዘጋጀ ቅጽ።

**የዋና ተመራማሪው ስም፡** ማስረሻ ሞላ

**የድርጅቱ ስም፡** ጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና አጠባበቅ ኢንስቲትዩት

**ወጪውን የሚሸፍነው፡**

**መግቢያ፡** ይህ የመረጃና የስምምነት ውል ቅፅ የተዘጋጀው እርስዎ ተሳታፊ እንዲሆኑ በተጋበዙበት በምርምር ቡድኑ የሚካሄደውን ጥናት አላማ በተመለከተ መግለጫ ለመስጠት ነው። የምርምር ፕሮጀክቱ ዋና ዓላማ ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክንያቶችን በጎንደር ከተማ በተለያዩ ተቋማት ለሚገኙ በወሲብ ስራ ላይ ለተሰማሩ ሴተኛ አዳሪዎች ላይ የዳሰሳ ጥናት ማካሄድ ነው። ይህ ጥናት ለተለያዩ ሀላፊዎች ትክክለኛ የሆነ መረጃ በመስጠት ለችግሩ መፍትሄ ለመፈለግ፣ ፖሊሲ ለመንደፍና እና እቅድ ለማውጣት ያገለግላቸዋል። ጥናቱን የሚያካሂደው በአንድ የህብረተሰብ ጤና አጠባበቅ ትምህርት ተመራቂ ተማሪ ና በሁለት የጎንደር ዩኒቨርሲቲ የጥናቱ አማካሪዎች ነው።

**የጥናቱ አላማ**

1. የዚህ ጥናት አላማ በጎንደር ከተማ በተለያዩ ተቋማት በሴተኛ አዳሪነት ከተለያዩ ደንበኞች ጋር ወሲብ እየፈጸሙ በመተዳደር ላይ በሚገኙት ሴቶች የኮንዶም አጠቃቀማቸውን እና ምክንያቶች በማጥናት ከሚገጥማቸው የጤና እክል (ህመም)ኤችአይ ቪ እና አባላዘር በሽታን ለመከላከል ለጤና ክብካቤ አገልግሎት መሰረታዊ ግባት ለማመልከት ታስቦ ነው።።።  
የጥናቱው ጤት በአገራችን እና ጥናቱ በሚካሄድበት አካባቢ ያለውን ኤች አይ ቪ/ኤድስ ና የአባላዘር በሽታ ስረጭት ለመቀነስ የሚያግዙ የመፍትሄ ስልቶችን ለመቀየስ ይረዳል።።

**የአሰራር ሂደት**

የዚህ ጥናት አላማ በጎንደር ከተማ በተለያዩ ተቋማት ለሚገኙ በወሲብ ስራ ላይ ለተሰማሩ ሴተኛ አዳሪዎች ስለ ኮንዶም አጠቃቀም እና ኮንዶምን በመጠቀም ላይ ጫና ሊያደርሱ የሚችሉ ጉዳዮችን እና ሌሎች ተያያዥ ምክንያቶችን ለማወቅ በሚካሄደው ጥናት

እርስዎን እንዲሳተፉ ጋበዘንዎታል። በዚህ ጥናት ውስጥ ለመሳተፍ ከተሰማሙ ስምምነቱን መረዳትና ፈቀደኝነትዎን ማሳወቅ ይገባዎታል። ከዚህ በኋላ መረጃ ስብሰባ ወመጠይቅ ላይ ያሉትን ጥያቄዎች ይጠይቀዎታል። ስመዎን መፃፍና መፈረም አያስፈልግዎትም። የሚሰጡት መረጃ ሲጠራ ደንብ ይጠበቃል።



**አደጋዎች ወይም አለመመቻቸት**

በዚህ ጥናት በመሳተፍ ዎ የተወሰነ ያለ መመቻት ስሜት ሊሰማ ዎት ይችላል በተለይ የስራ ጊዜ ዎት ንቢ በዛ ከ 30-40 ደቂቃ ያህል ይሻማ ዎታል። ነገር ግን ጥናቱ ከሚሰጠው ጥቅም አኳያ እንደሚሳተፉ ተስፋ አደርጋለሁ።

**ጠቀሜታ**

በዚህ ጥናት ላይ በመሳተፍ ዎ ቀጥተኛ የሆነ ጥቅም ሊያገኙ ይችላሉ ነገር ግን እርስዎ በተመለከተው አላማና ይዘት መሳተፍ መተሳሰብና መተባበርን በማጠናከር የኤች አይቪ /ኤድስ ስርጭትን ለመቀነስ ጠቃሚ ሀሳቦችን ይዞ ይመጣል ተብሎ ይታሰባል። በዚህ ጥናት መሳተፍ የሚያደርሰው ጉዳት የለም።

**የተሳትፎ ክፍያዎች፡**

በጥናቱ በመካፈል ዎ የሚሰጥ ክፍያ የለም።

**ሚስጥር ስለመጠበቅ፤**

ለዚህ ጥናት የሚሰበሰብ መረጃ በሚስጥር ይጠበቃል። የሚሰበሰበው መጠይቅ የእርስዎ ስም ለምሳሌ ያህል አይኖረውም። መረጃ ወ.በዋና ተመራማሪ ወ.ፋይልተደርጎ የሚቀመጥ በመሆኑ ሌላ ሰው ሊያገኘው አይችልም።

**በጥናቱ ያለመሳተፍ ወይም ራስን ከጥናቱ የማግለል መብት፡**

በጥናቱ ላለ መሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ መብት መብት አለዎት። ከመጠይቁ ወ.ስጥጥቂት ጥያቄዎችን ወይም በመብት ያለመመለስ ይችላሉ።

**የሚገናኝዎቸው ሰዎች፡**

**ስለዚህ ጥናት ማነጋገር ከፈለጉ ከሚከተሉት የፈለጉትን ማነጋገር ይችላሉ፡፡**

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### Annex III. Declaration

I, the undersigned, senior MPH student declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of Public Health.

Student's Name: MASRESHA MOLLA TAMENE

Signature: \_\_\_\_\_

Place of submission: Institute of Public Health, College of medicine and Health Sciences, University of Gondar.

Date of Submission: \_\_\_\_\_

This thesis work has been submitted for examination with my/our approval as university advisor(s).

### Advisors

Name	Signature
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